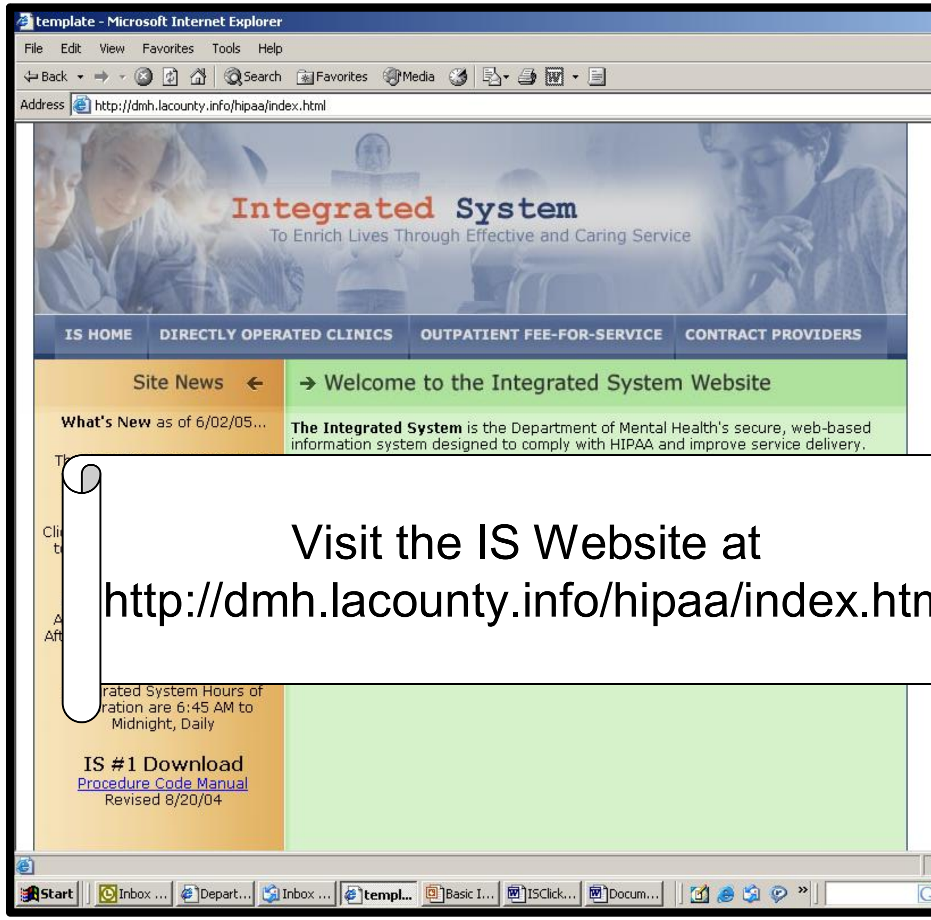
Basic Integrated System (IS) Training

Things to Keep in Mind

- All Patient Health Information (PHI), in this manual, is fictitious.
- Remember to use the help (?) icon.
- It is recommended that you understand the billing processes before using the IS.
- To return to the previous screen, always click on the Return button, under Options.
- Italicized fields must be completed.
- Dates must be entered as: 00/00/0000
- You will be logged off every 15 minutes when not using the system; you will have to click on the Home page to log back in.
- It is strongly recommended that you attend the PATS training on medications.
- You only have access to the Home and Clinical pages of the System
- MIS, IS, and DMH number are all the same.



Visit the IS Website at
http://dmh.lacounty.info/hipaa/index.html

Basic IS Training

1. Log in
2. Find a Client
3. Add a Client: Identification Screen
4. Add a Client: Contacts Screen
5. Add a Client: Financial Screen
6. Add a Client: Other Screen
7. Open an Episode: Admission Screen
8. Open an Episode: Diagnosis Screen
9. Add Services
10. Add a Claim, a Plan and Payer (s)
11. Void and Resubmit a Claim
12. Add a Prescription: Rx Card Info, Drug Allergies Screens
13. Add a Prescription: Med Order and Write Rx Screens
14. Add a Prescription: Approval, Renew and Refill
15. Close an Open Episode: Discharge and Diagnosis Screens
16. Groups
17. Community Outreached Services (COS)

Use Keyboard Shortcuts! Avoid using the Mouse.

- The Tab key will take you through every field on the screen.
- Shift-Tab will take you backwards through those fields.
- Down Arrows and characters to go through drop-down lists.
- The Space bar will check and uncheck boxes.
- The Enter key will activate buttons.

EXERCISE 1

Log In:

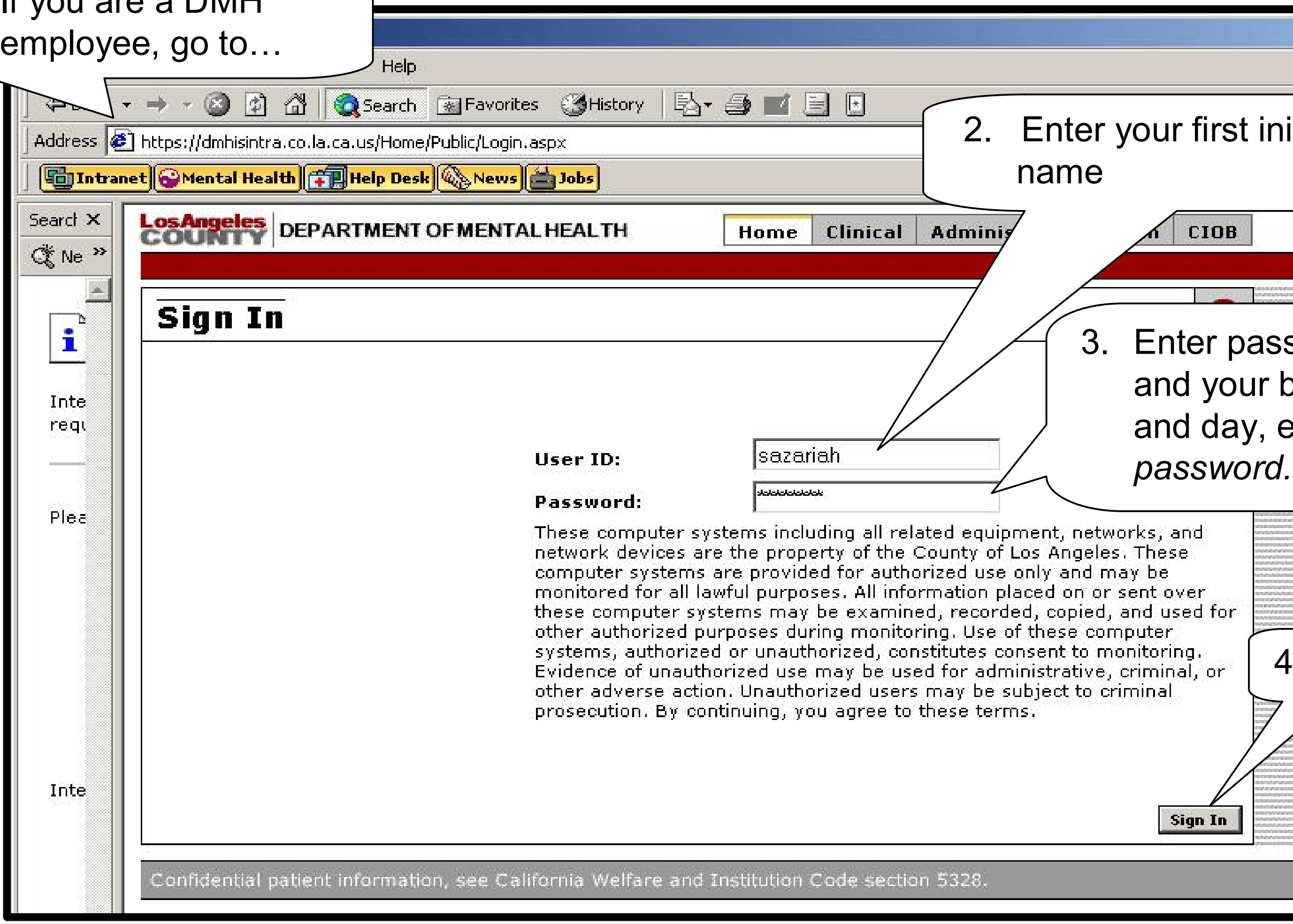
- As a DMH Employee: https://dmhisintra.co.la.ca.us
- As a DMH Contracted Provider: http://dmh.lacounty.info/hippa/index.html
- The Home Page
- How to Set Provider Context

Note:

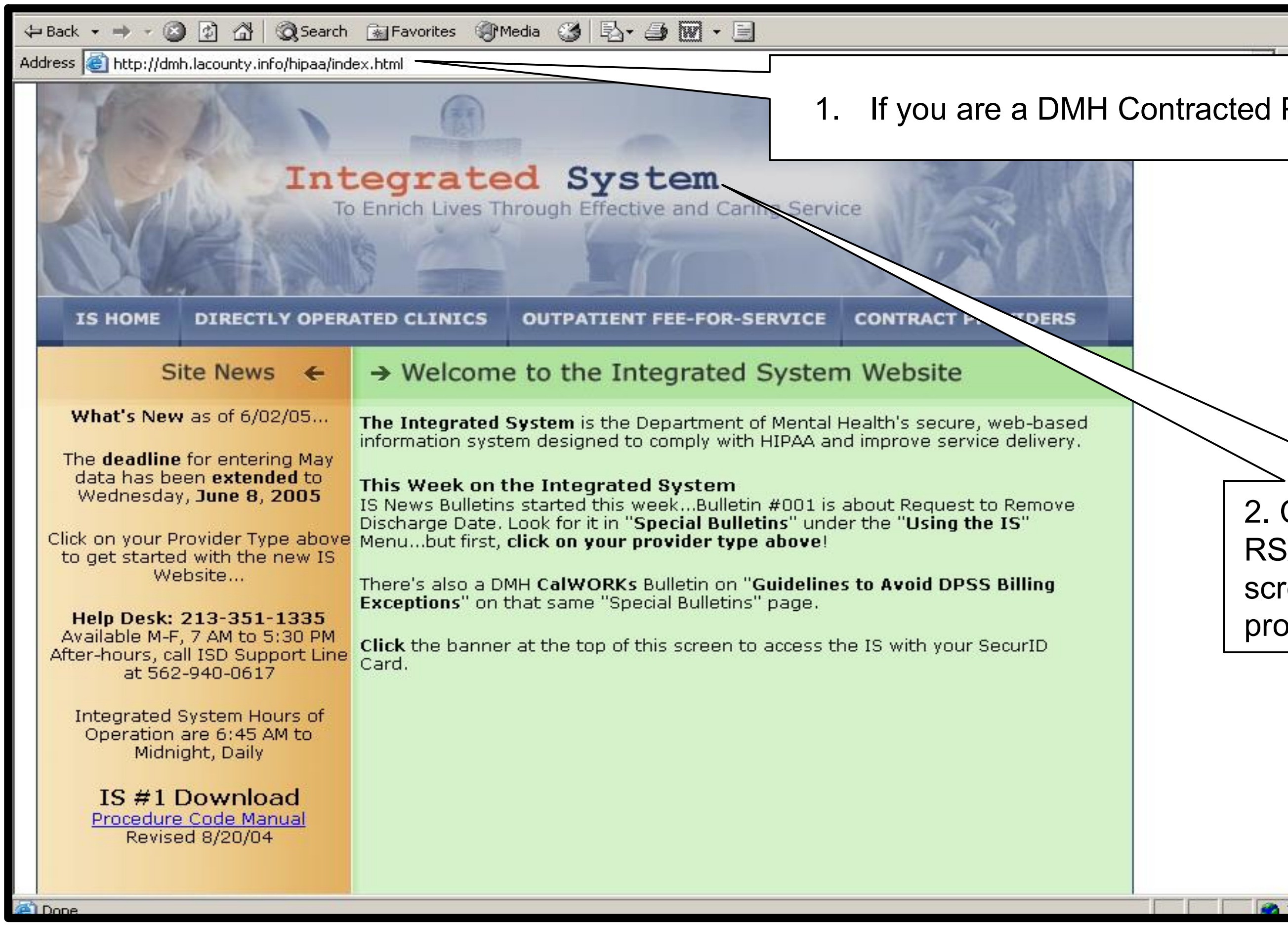
- If you are a first time user, you will be asked to change your password.
- You will then be prompted to a privacy policy statement. Click accept to proceed.

Log In – DMH Workers

1. If you are a DMH employee, go to…
2. Enter your first initial and last name
3. Enter password, dot, and your birth month and day, e.g. *password.0104*
4. Click



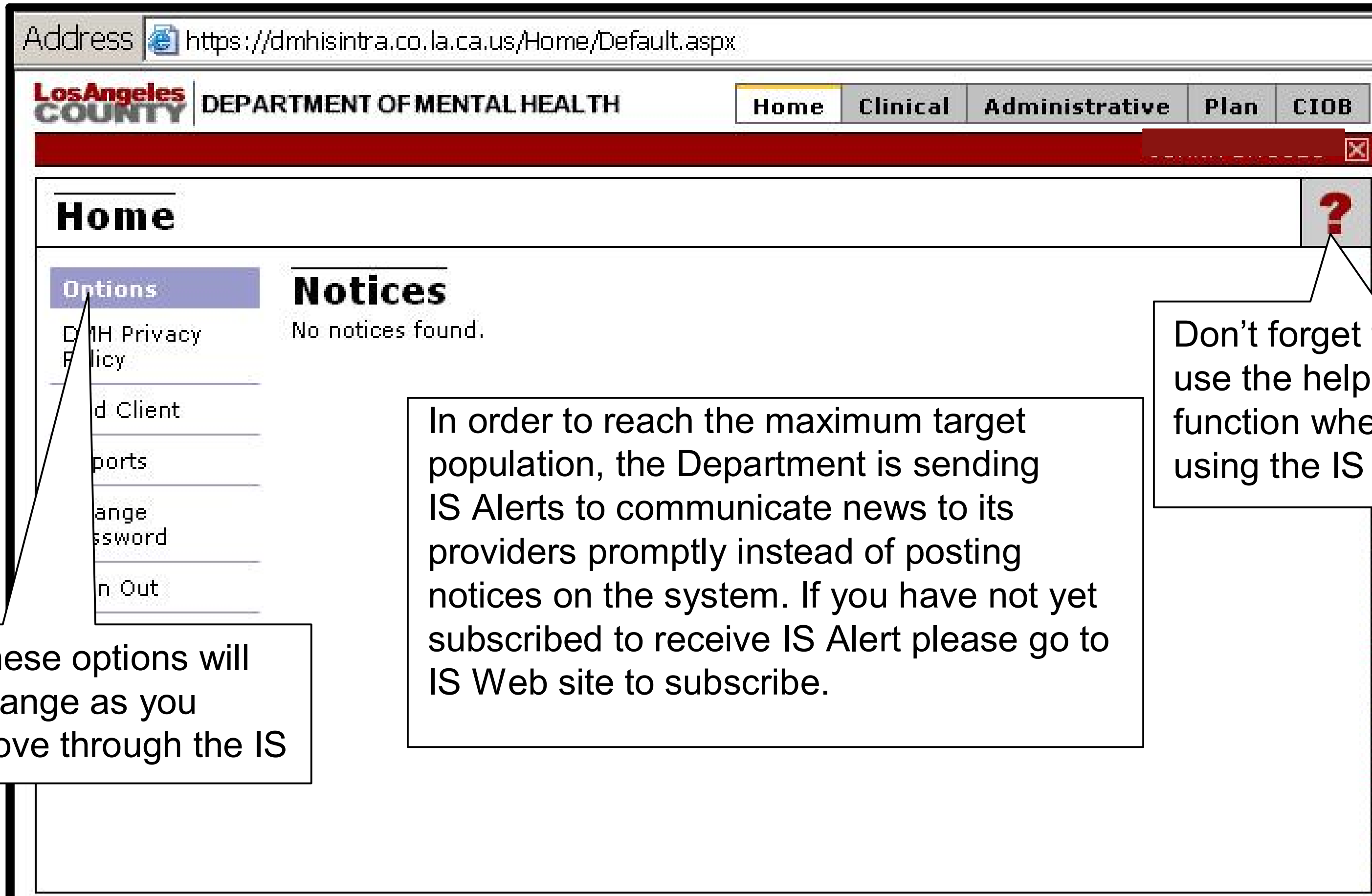
Log In with a SecurID Card



1. If you are a DMH Contracted Provider, go to

2. Click to go to the RSA SecurID logon screen and follow procedures

The Home Screen

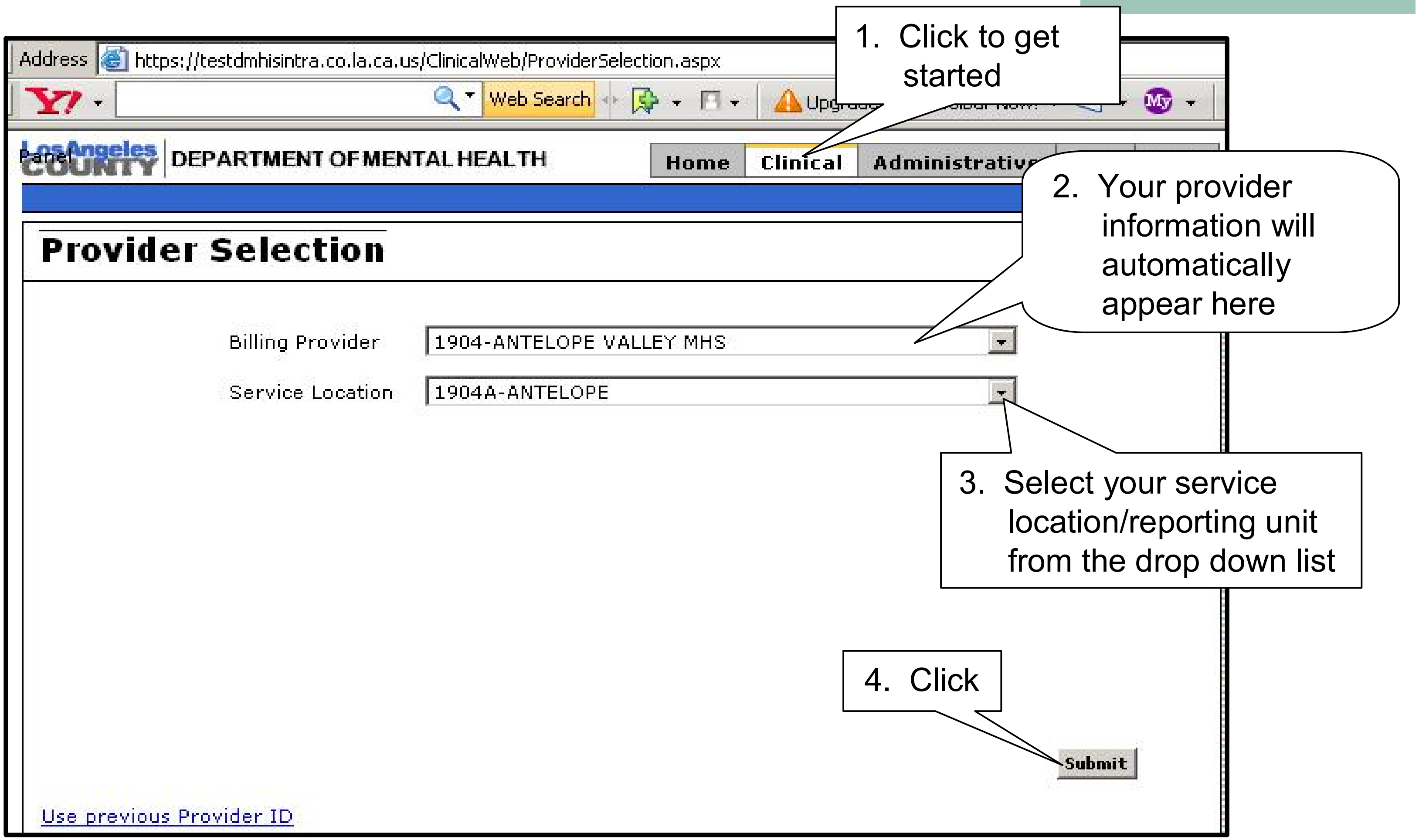


In order to reach the maximum target population, the Department is sending IS Alerts to communicate news to its providers promptly instead of posting notices on the system. If you have not yet subscribed to receive IS Alert please go to IS Web site to subscribe.

Don’t forget to use the help function when using the IS

These options will change as you move through the IS

How to Set Provider Context

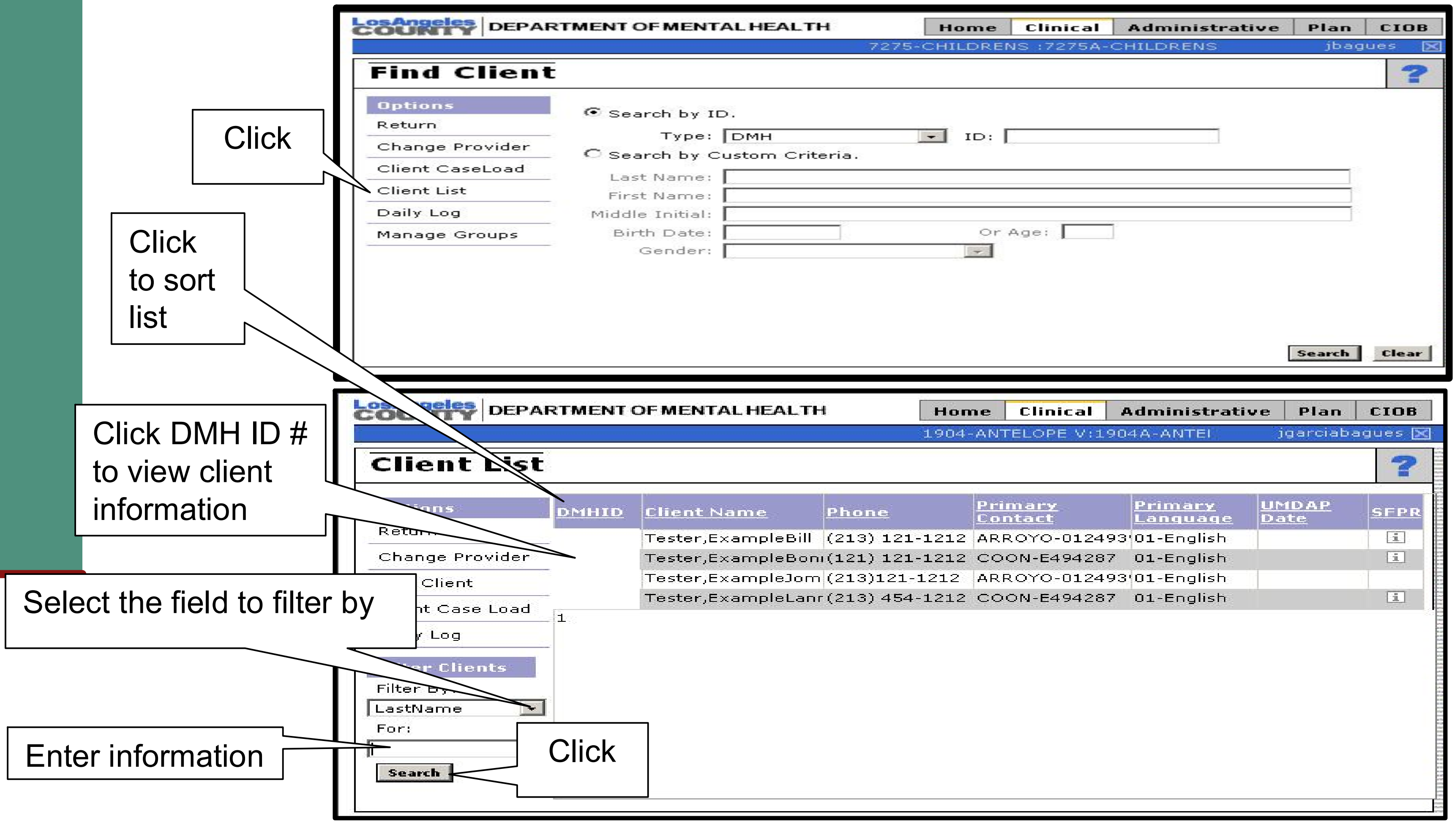


EXERCISE 2

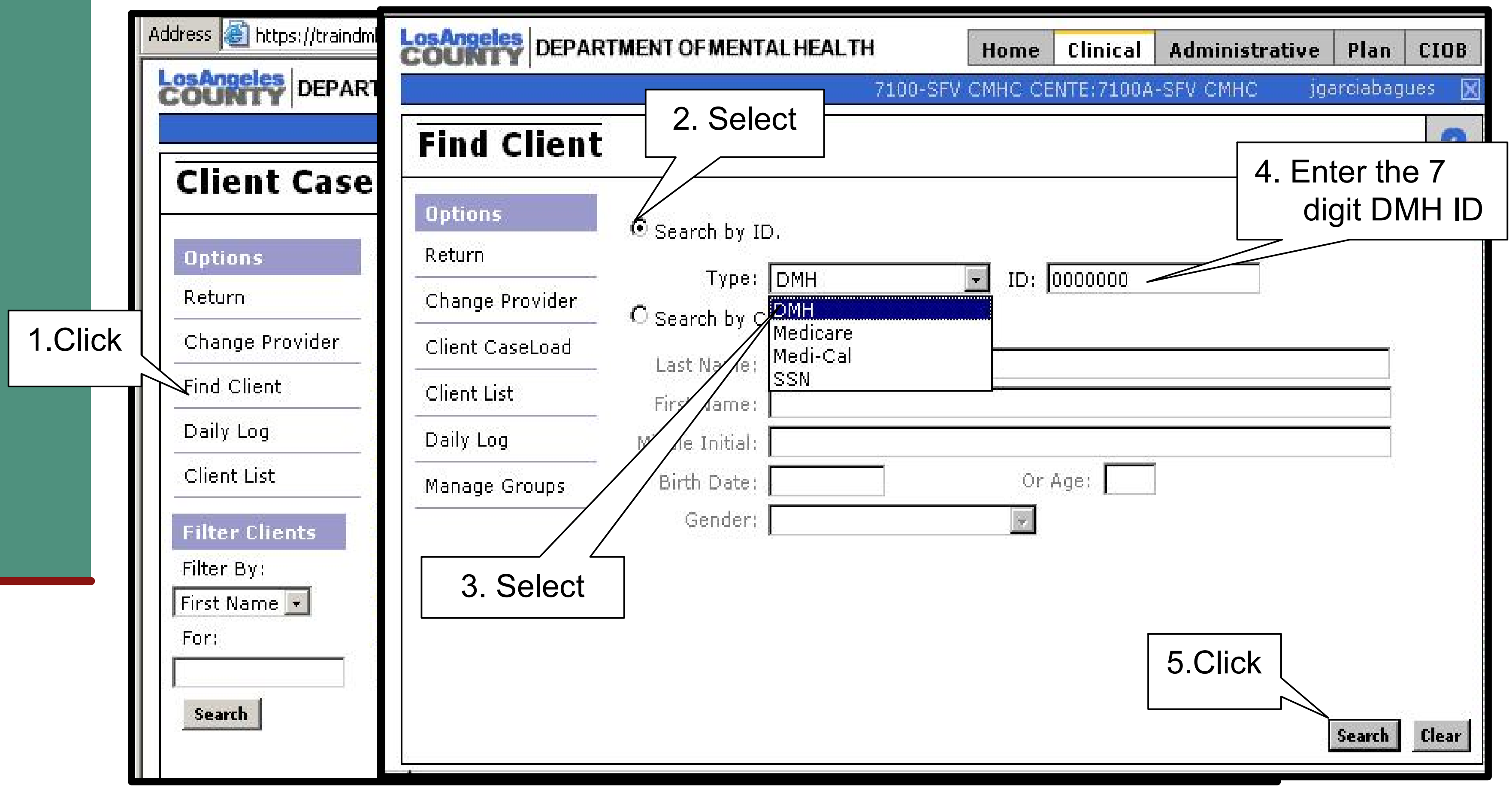
Find a Client:

- Using Client List and Filter Clients
- Using Search by ID
- Using Search by Custom Criteria
- Result Screen

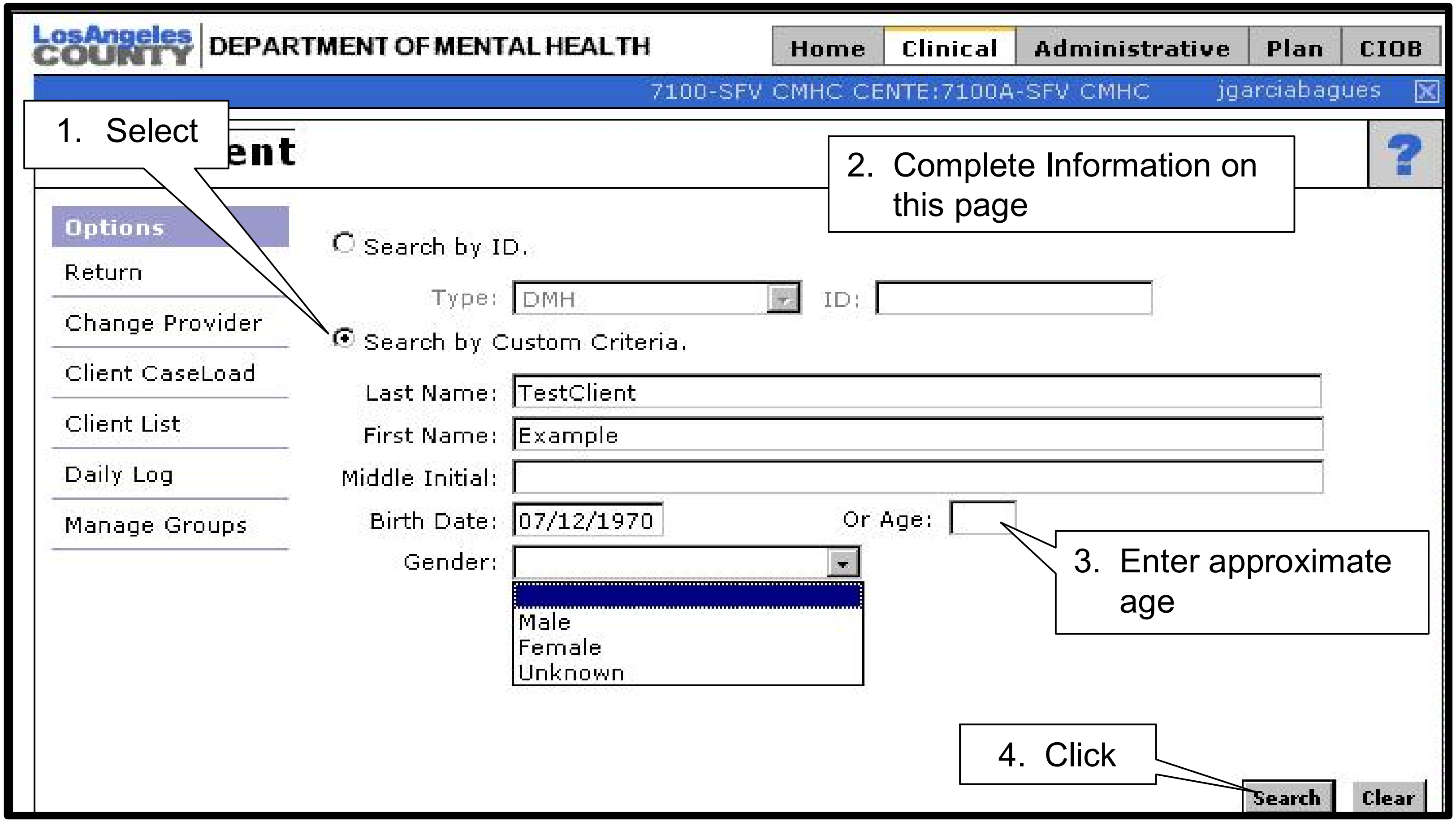
Find a Client: Using Client List and Filter Clients



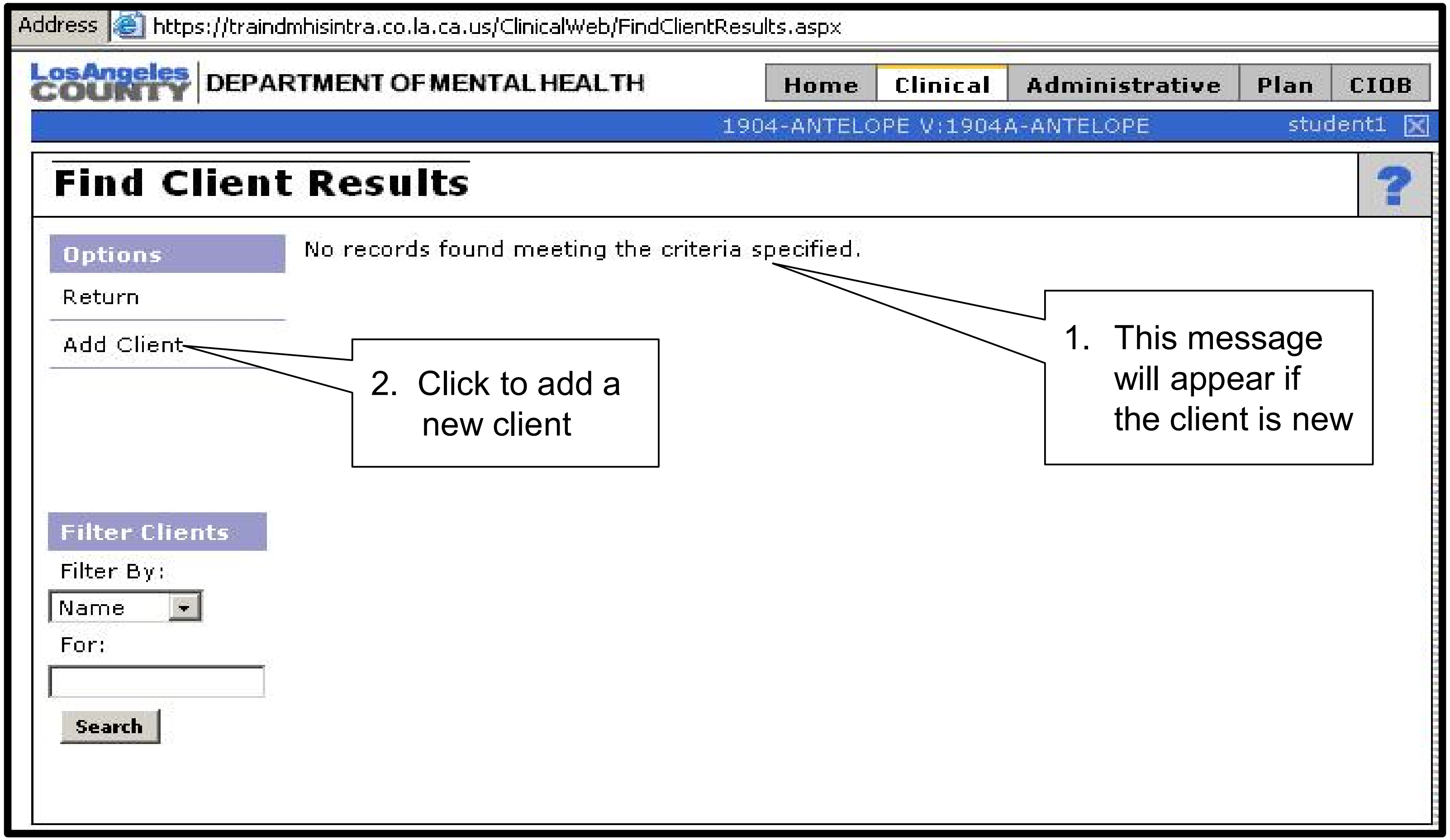
Find a Client: Using Search by ID



Find a Client: Using Search by Custom Criteria



Find a Client: Results Screen



EXERCISE 3

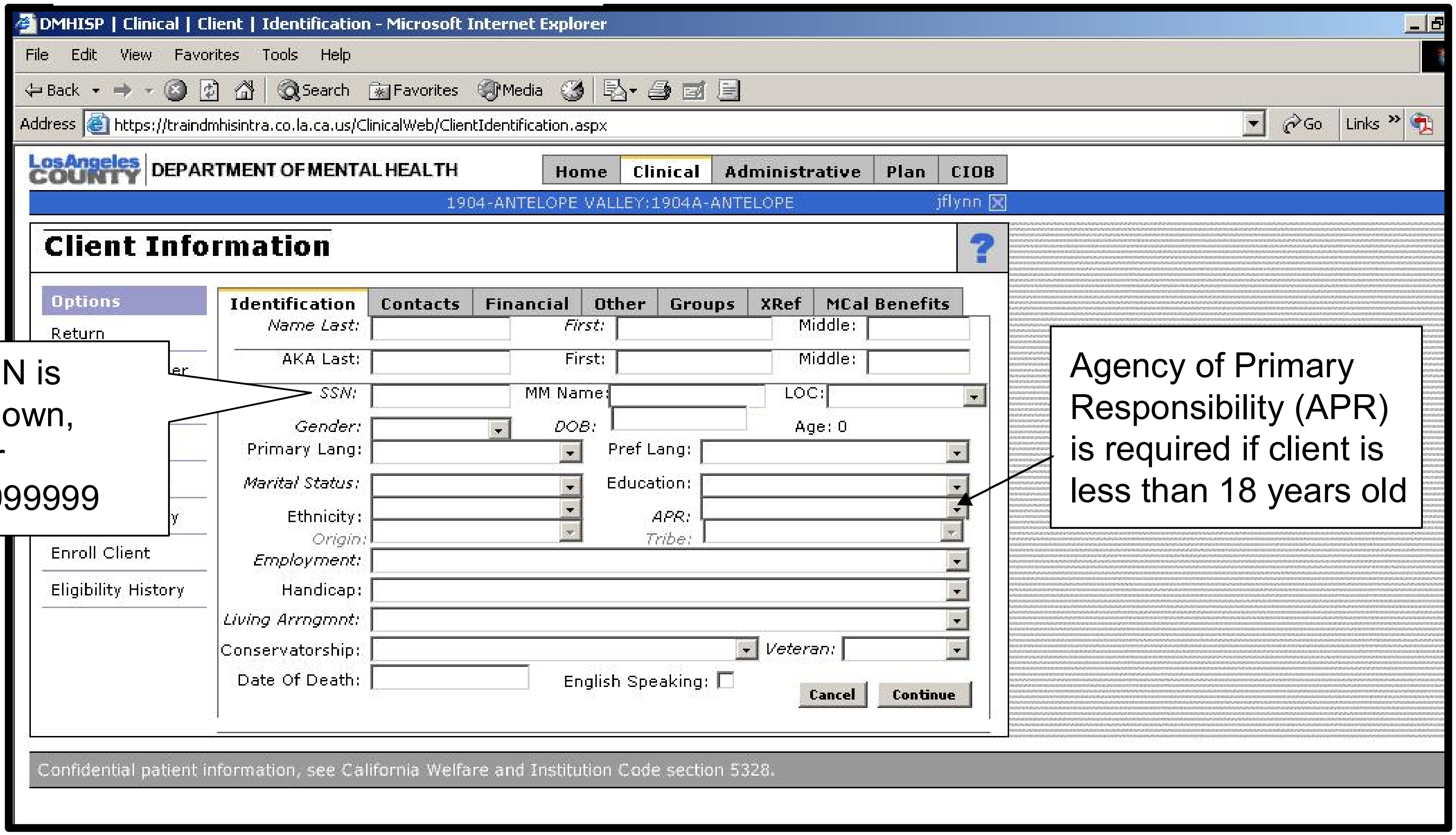
Add a Client: Identification Screen

- Enter Client Information

Note:

- You must first do a Client Search, before adding a new client.
- The system will bring-up the option to add a client only if a client does not exist.

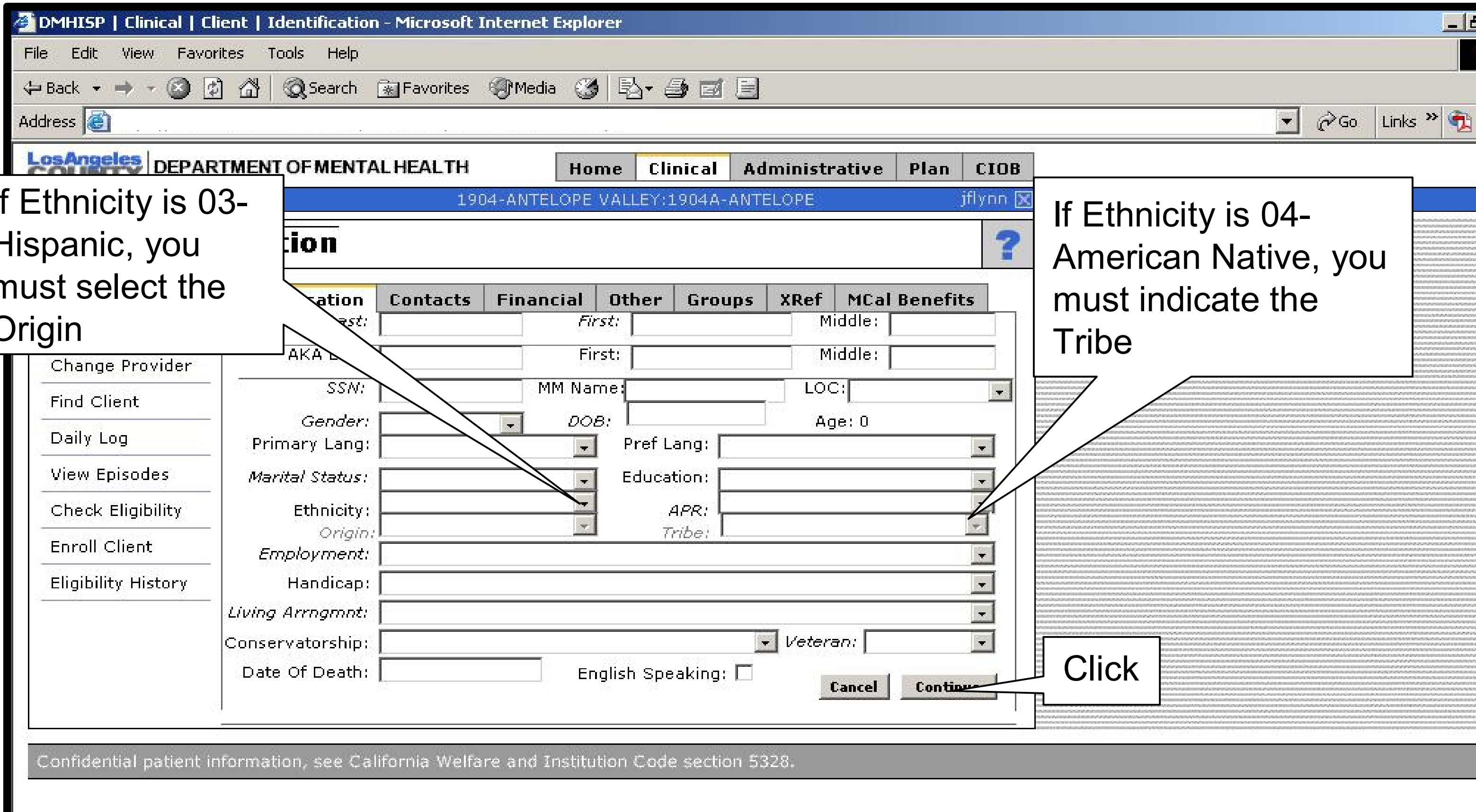
Add a Client: Information



If SSN is unknown, enter 999999999

Agency of Primary Responsibility (APR) is required if client is less than 18 years old

Add a Client: Ethnicity



If Ethnicity is 03-Hispanic, you must select the Origin

If Ethnicity is 04-American Native, you must indicate the Tribe

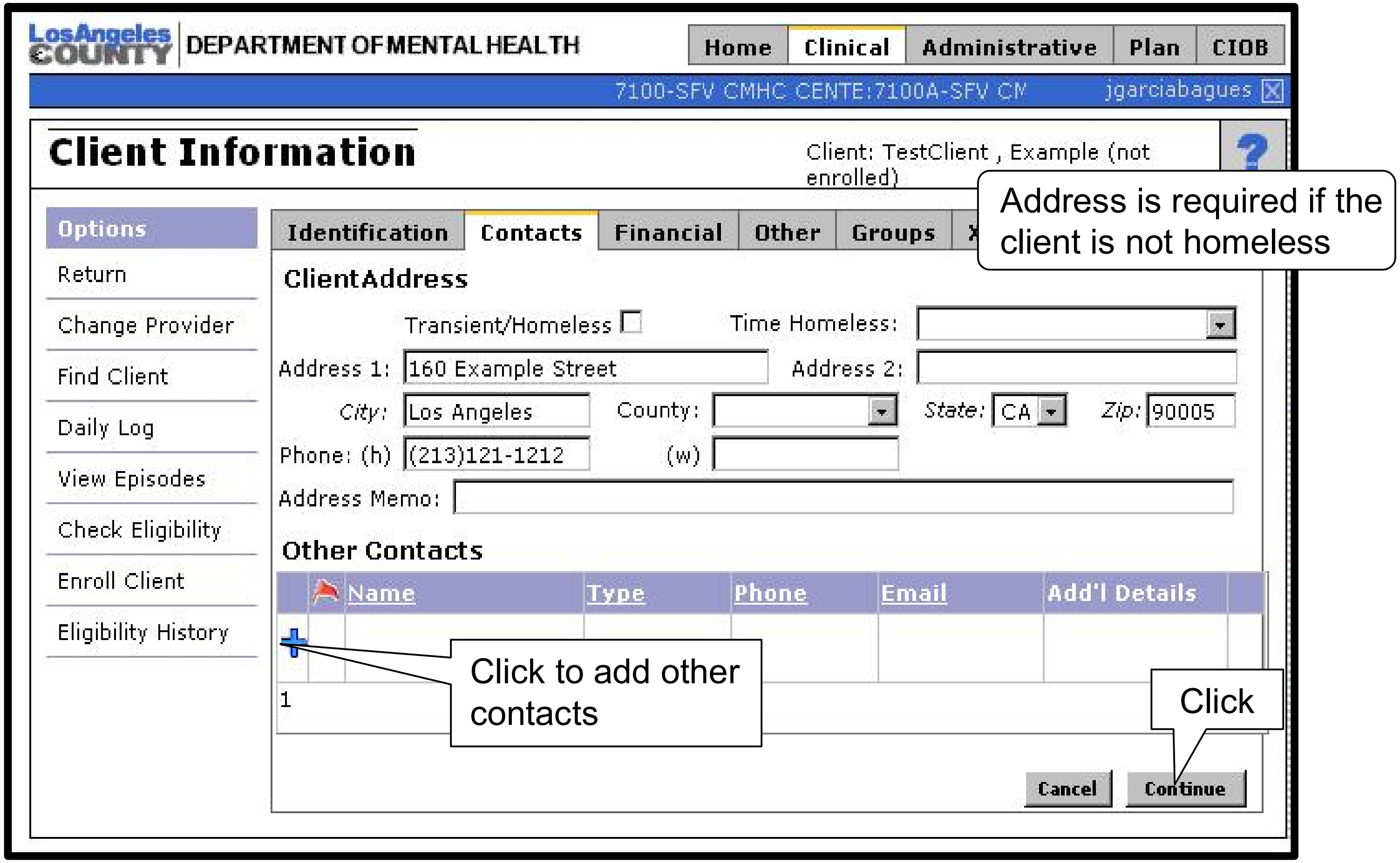
Click

EXERCISE 4

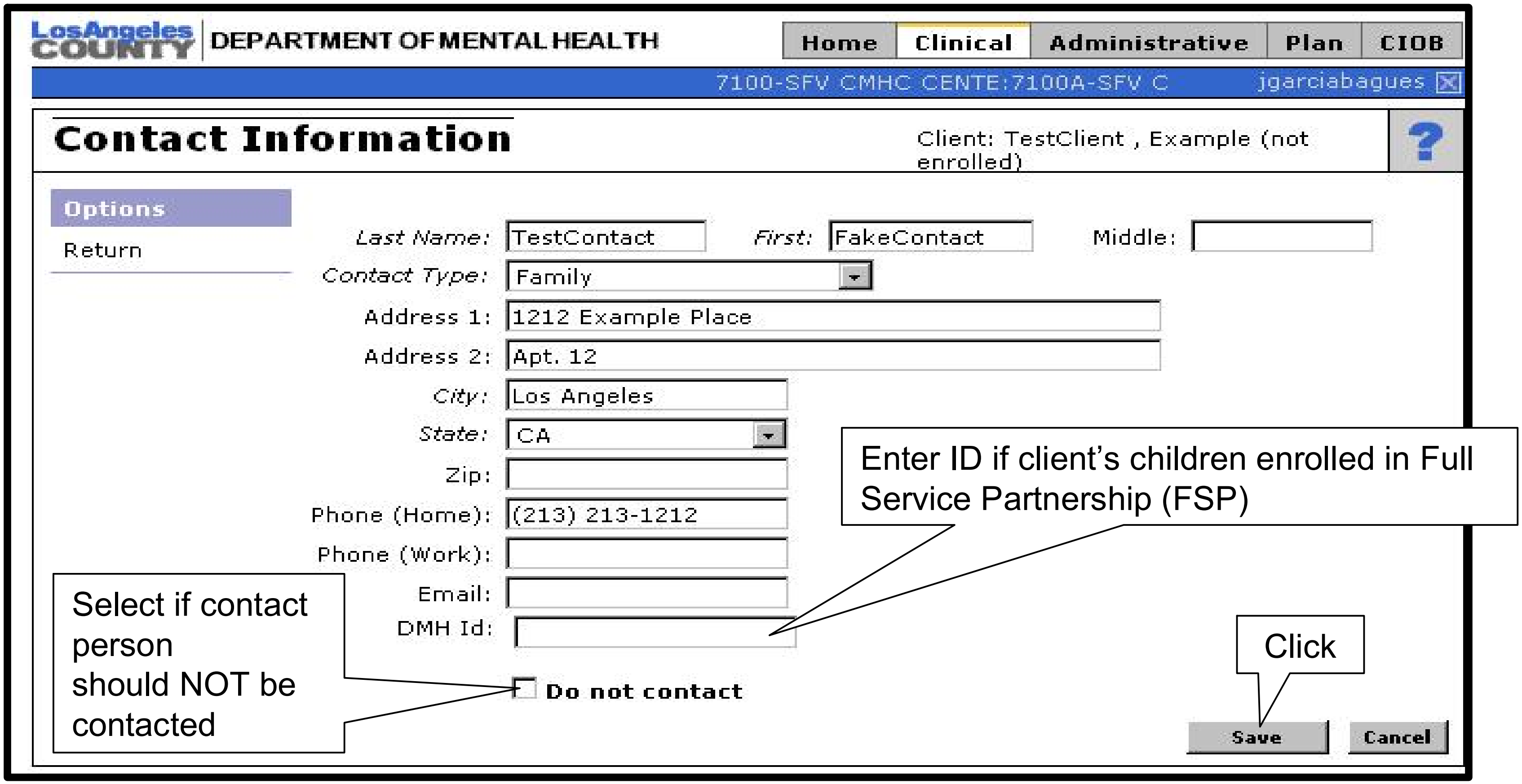
Add a Client: Contacts Screen

- Enter Client’s Contact Information
- Enter Client’s Other Contact (s) Information
- Edit Client’s Other Contact (s) information

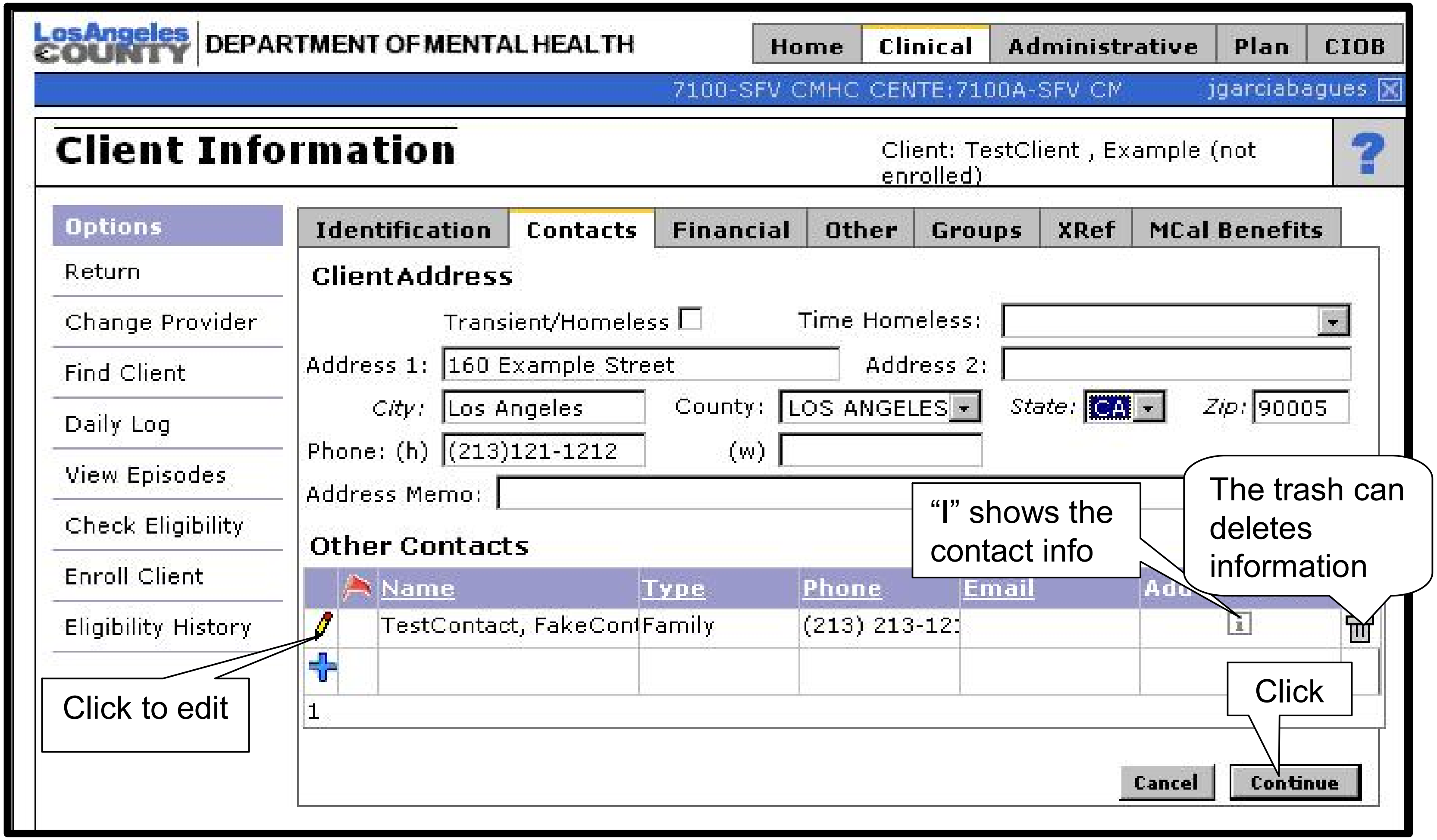
Add a Client: Contact Information



Add Client: Other Contact (s) Information



Add a Client: Edit Other Contact Information

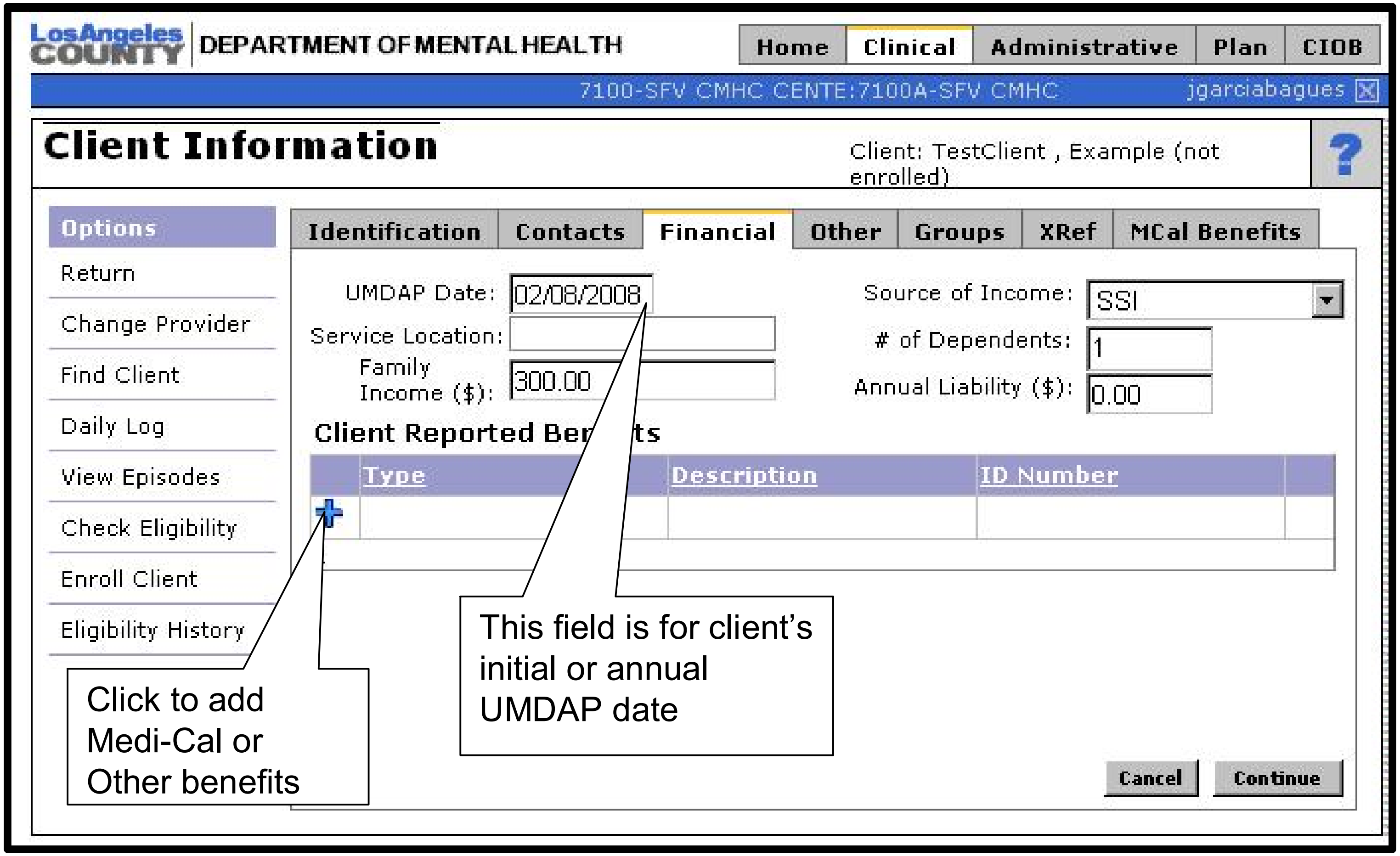


EXERCISE 5

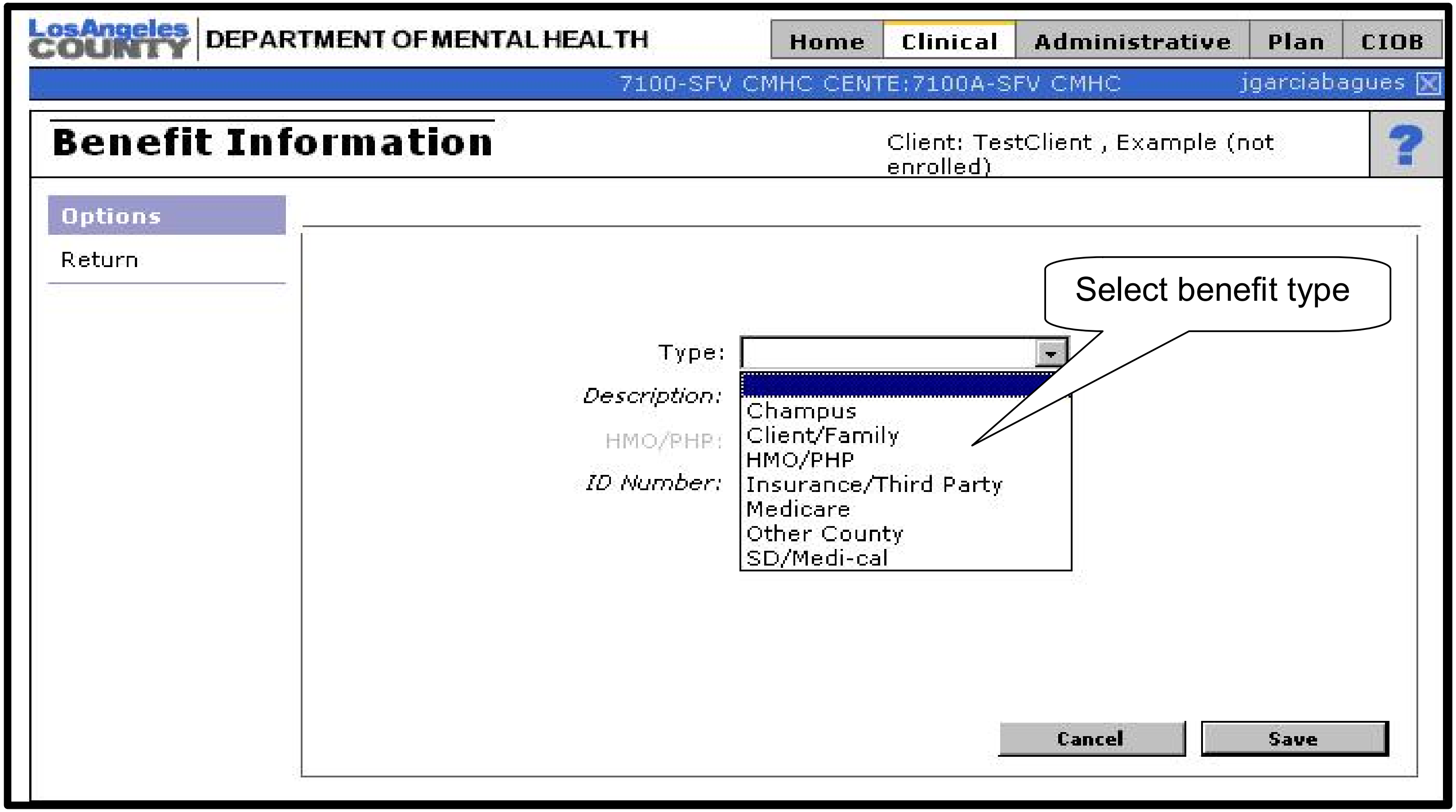
Add a Client: Financial Screen

- Enter Client’s Financial Information
- Enter Client’s Benefit Type
- Enter Client’s Benefit Information

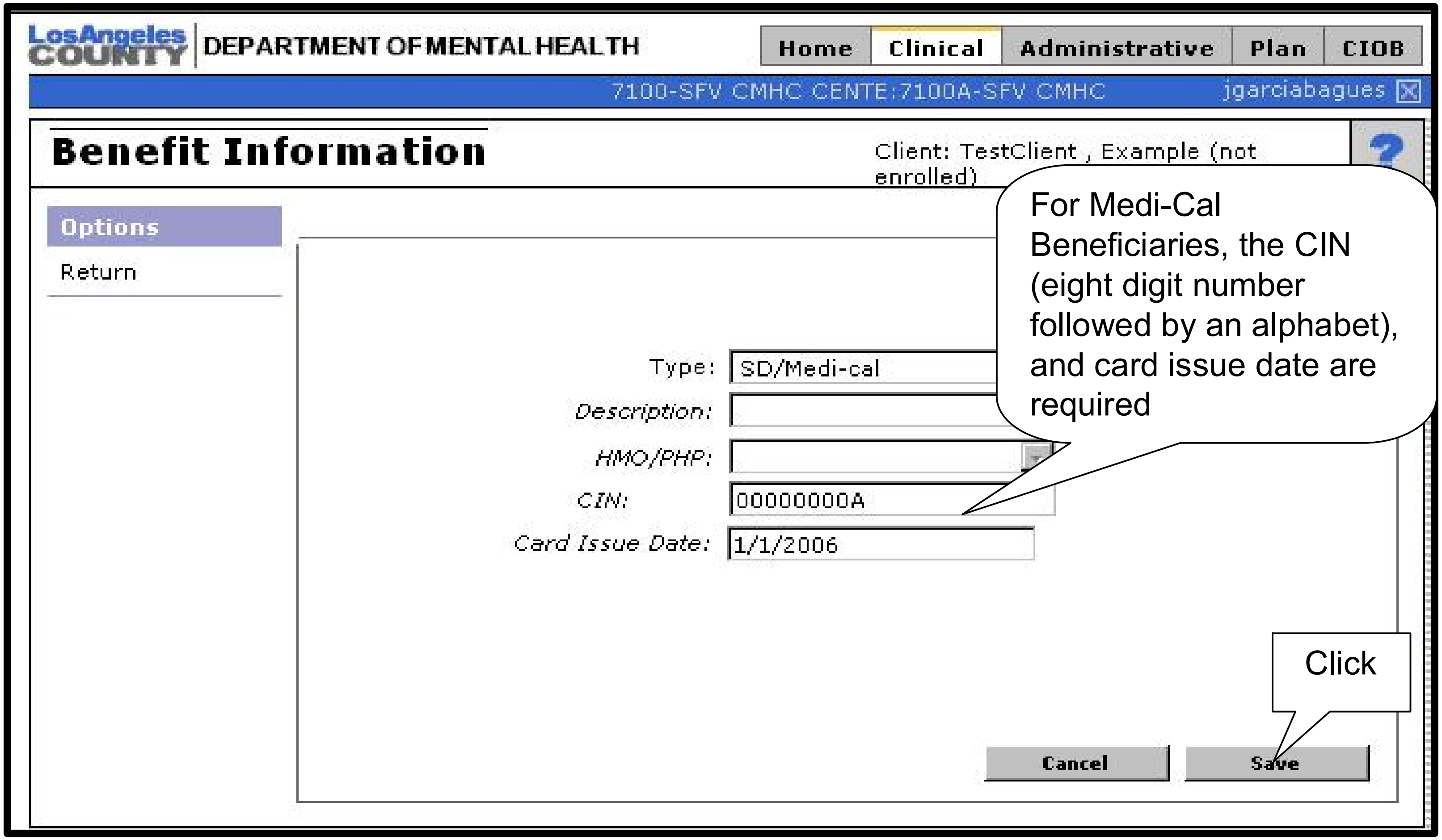
Add a Client: Financial Information



Add a Client: Benefit Information



Add a Client: Benefit Information

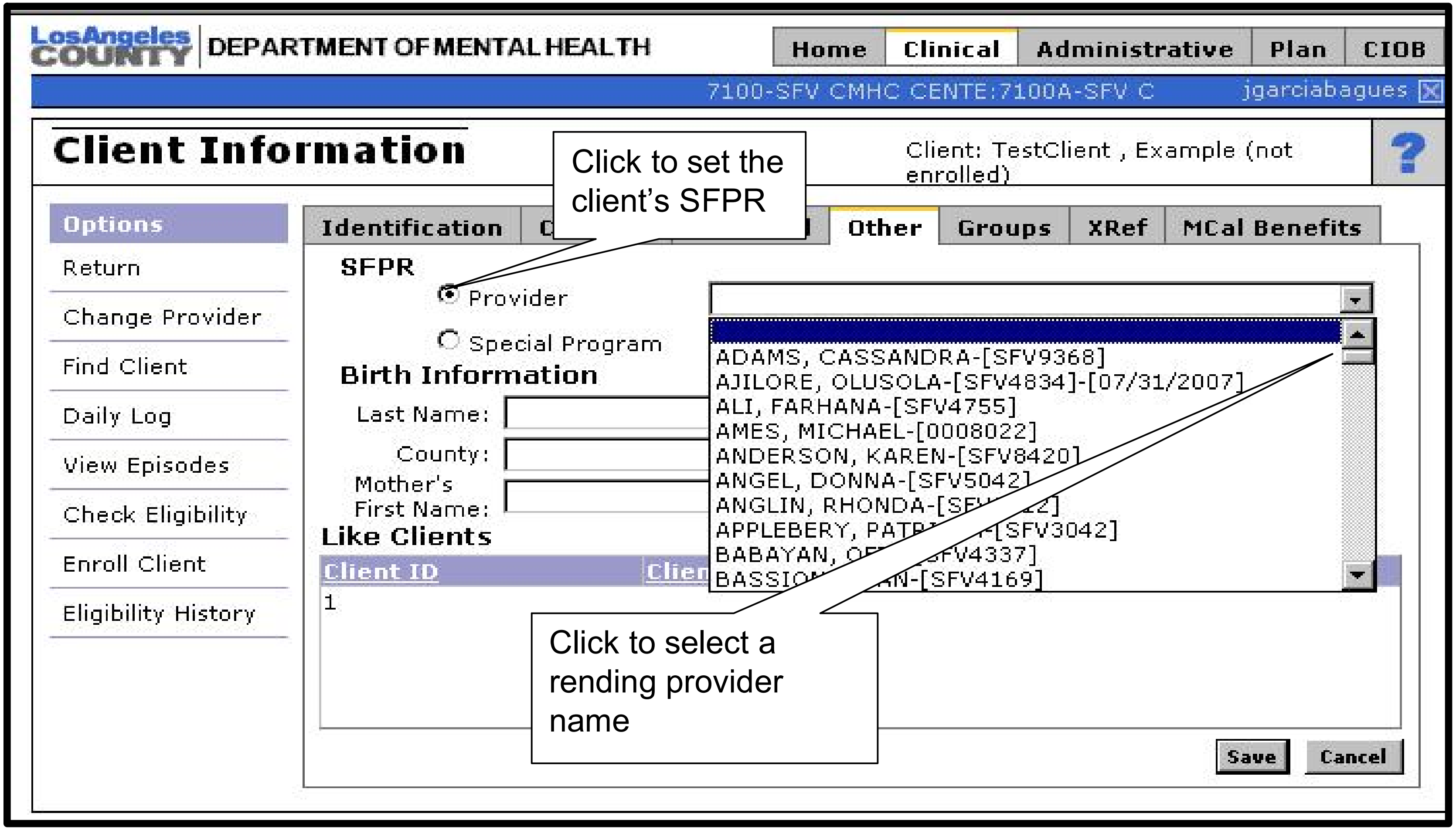


EXERCISE 6

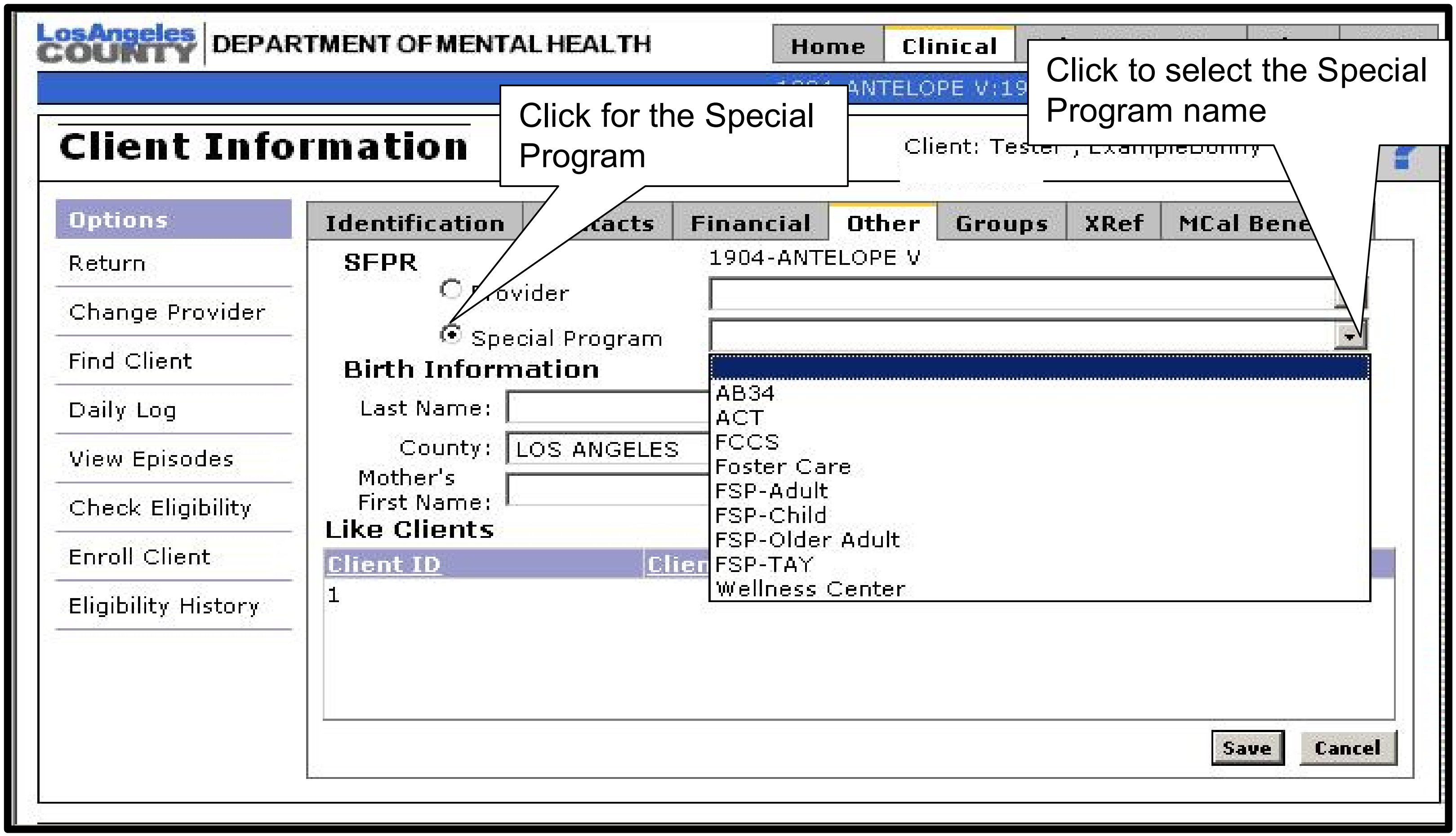
Add a Client: Other Screen

- Set the Single Fixed Point of Responsibility (SFPR) or Special Program
- Save the Client Information
- Enroll Client
- Check Eligibility

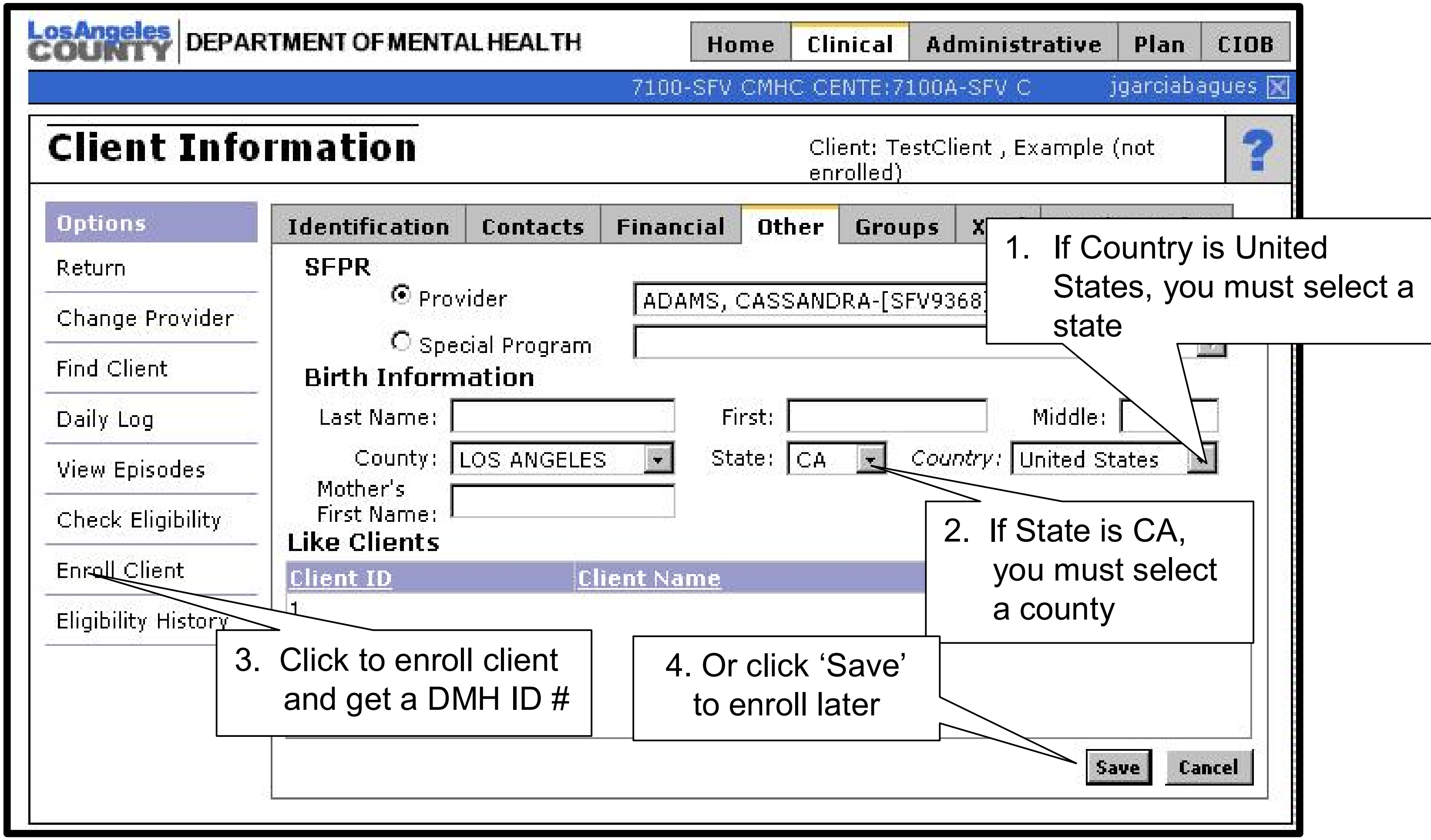
Add a Client: Other Screen



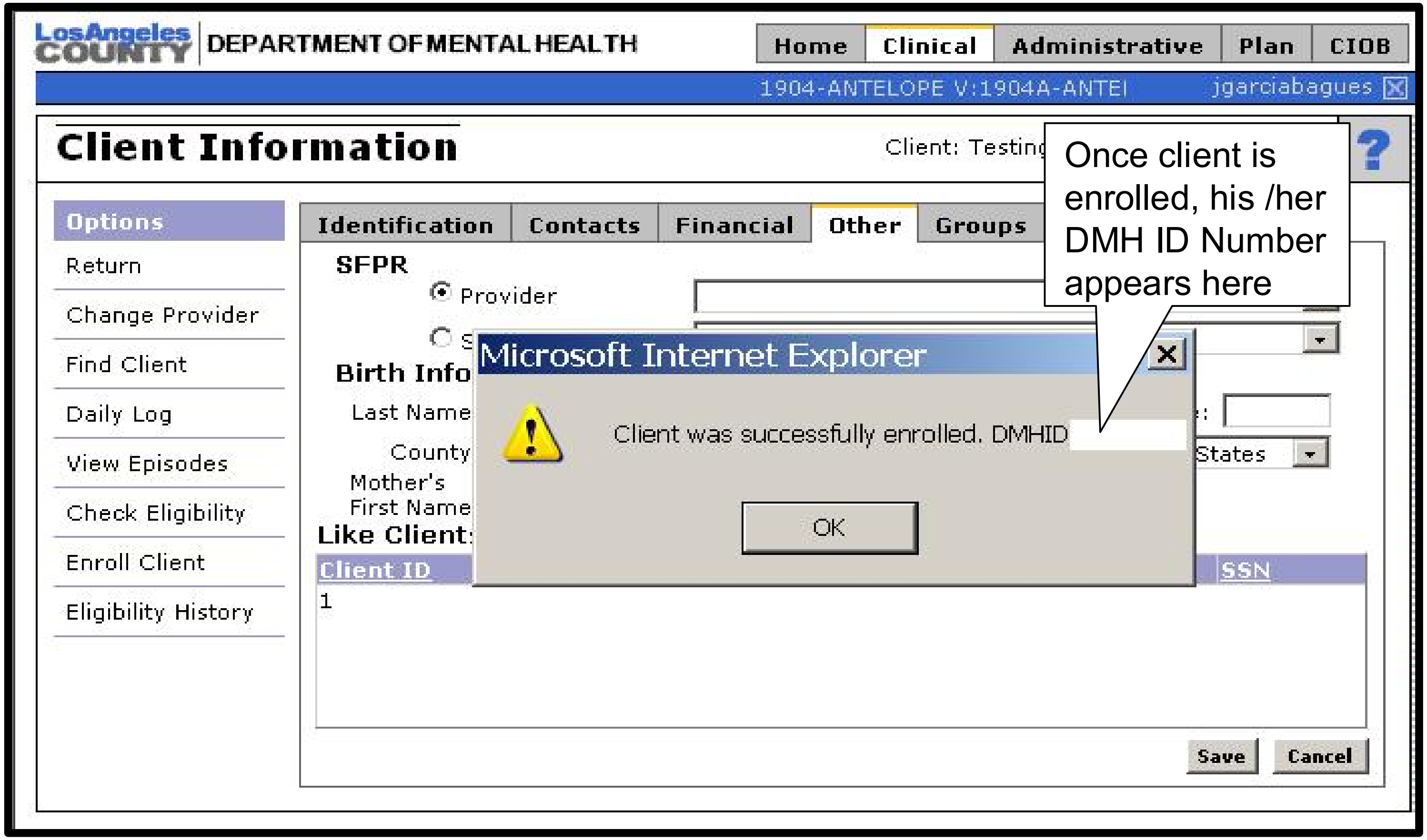
Add a Client: Other Screen



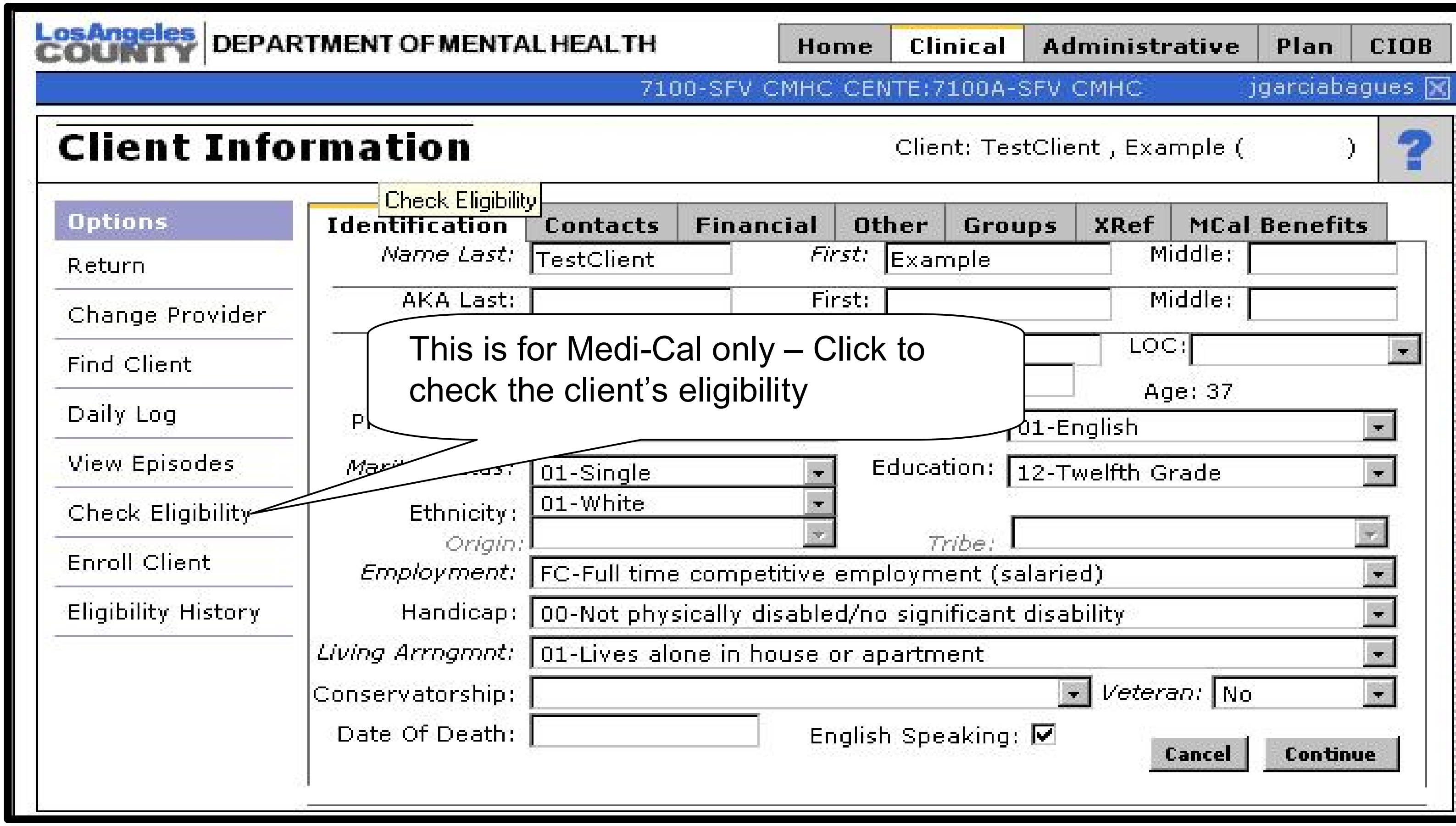
Add a Client: Other Screen



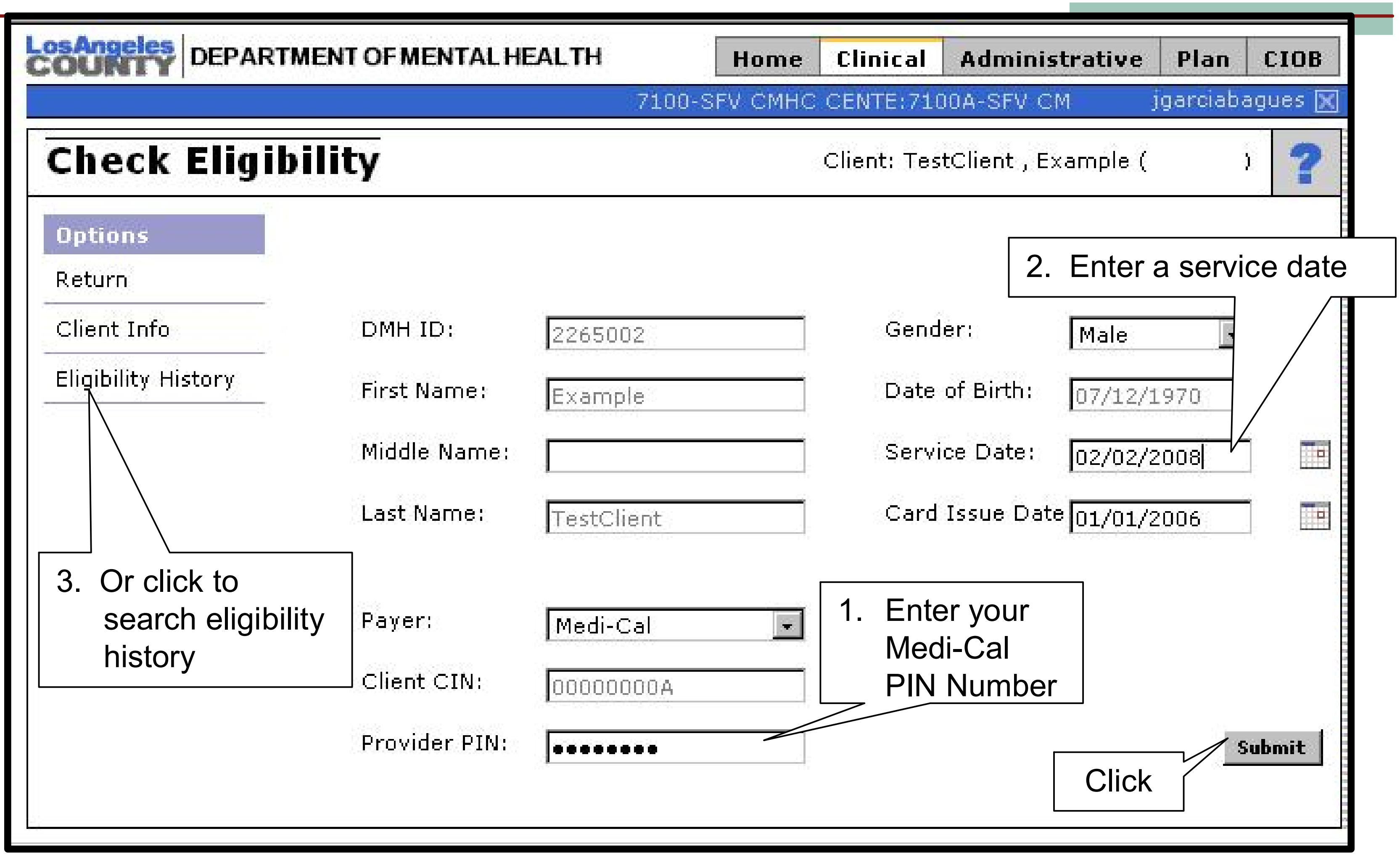
Enroll a Client



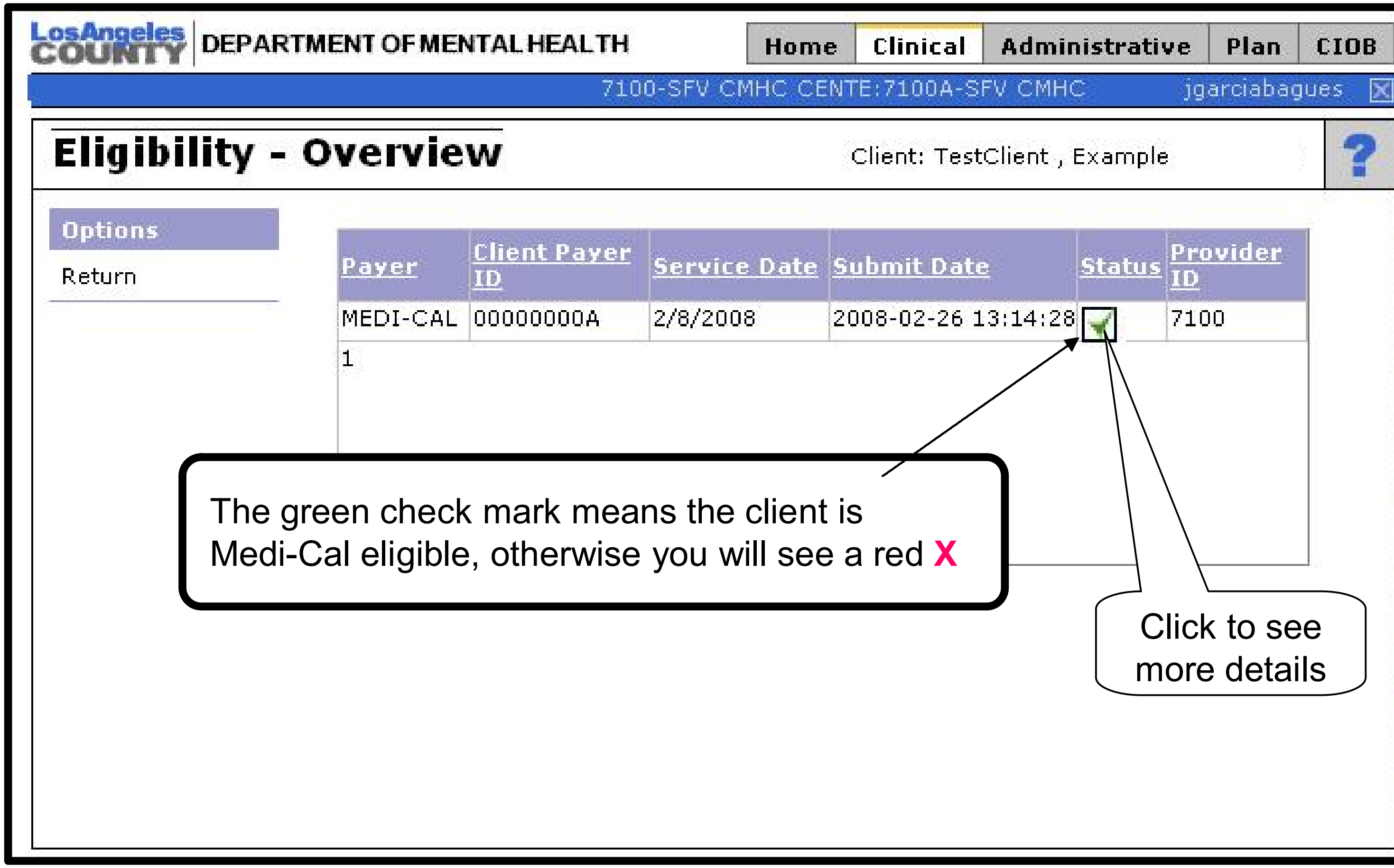
Check Eligibility



Check Eligibility

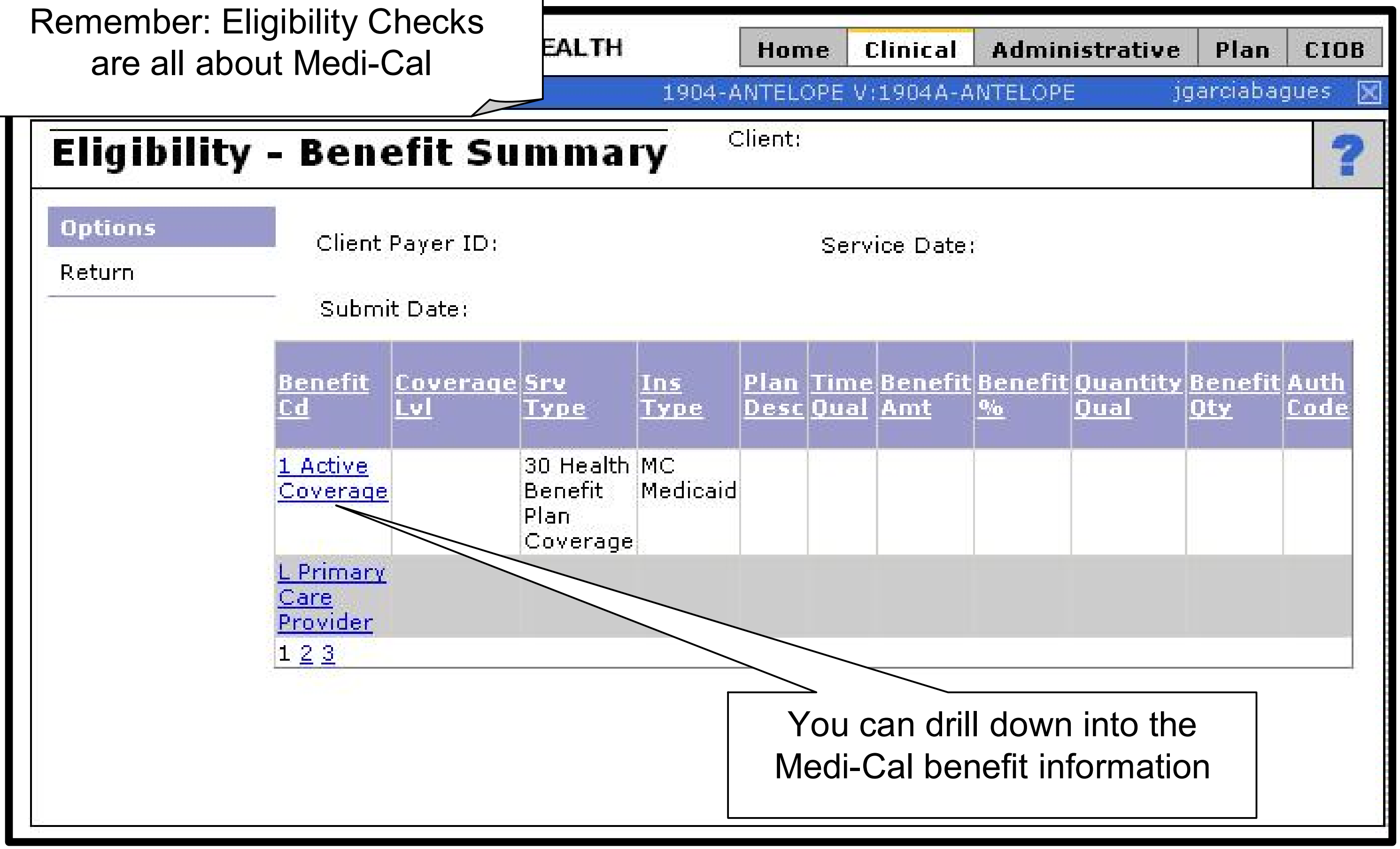


Check Eligibility



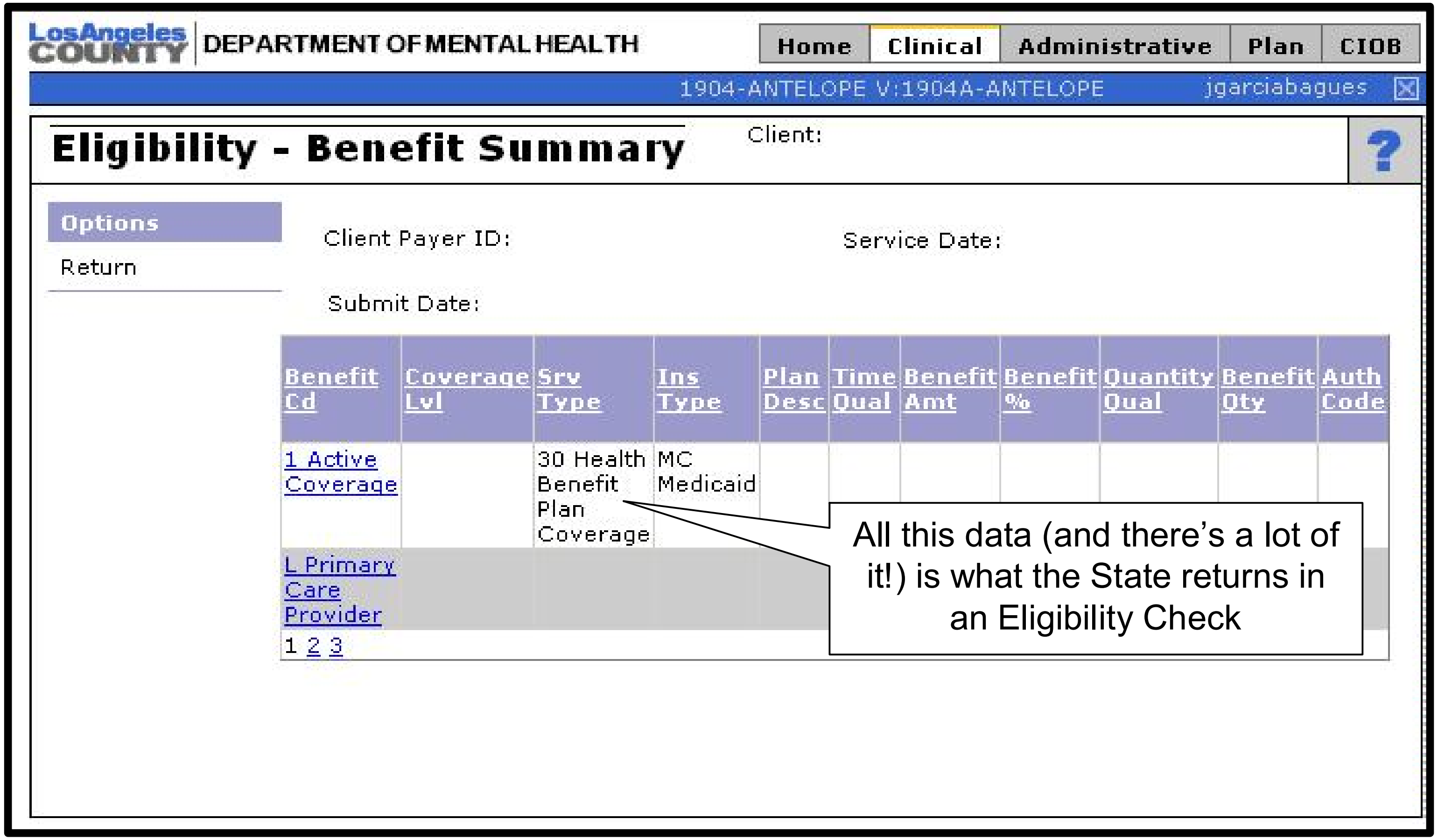
Eligibility

Remember: Eligibility Checks are all about Medi-Cal



You can drill down into the Medi-Cal benefit information

Eligibility History


LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Eligibility - Benefit Summary

Client:

Options

Return

Client Payer ID: Service Date:

Submit Date:

Benefit Cd	Coverage Lvl	Srv Type	Ins Type	Plan Desc	Time Qual	Benefit Amt	Benefit %	Quantity Qual	Benefit Qty	Auth Code
1 Active Coverage		30 Health Benefit Plan Coverage	MC Medicaid							
L Primary Care Provider										

1 2 3

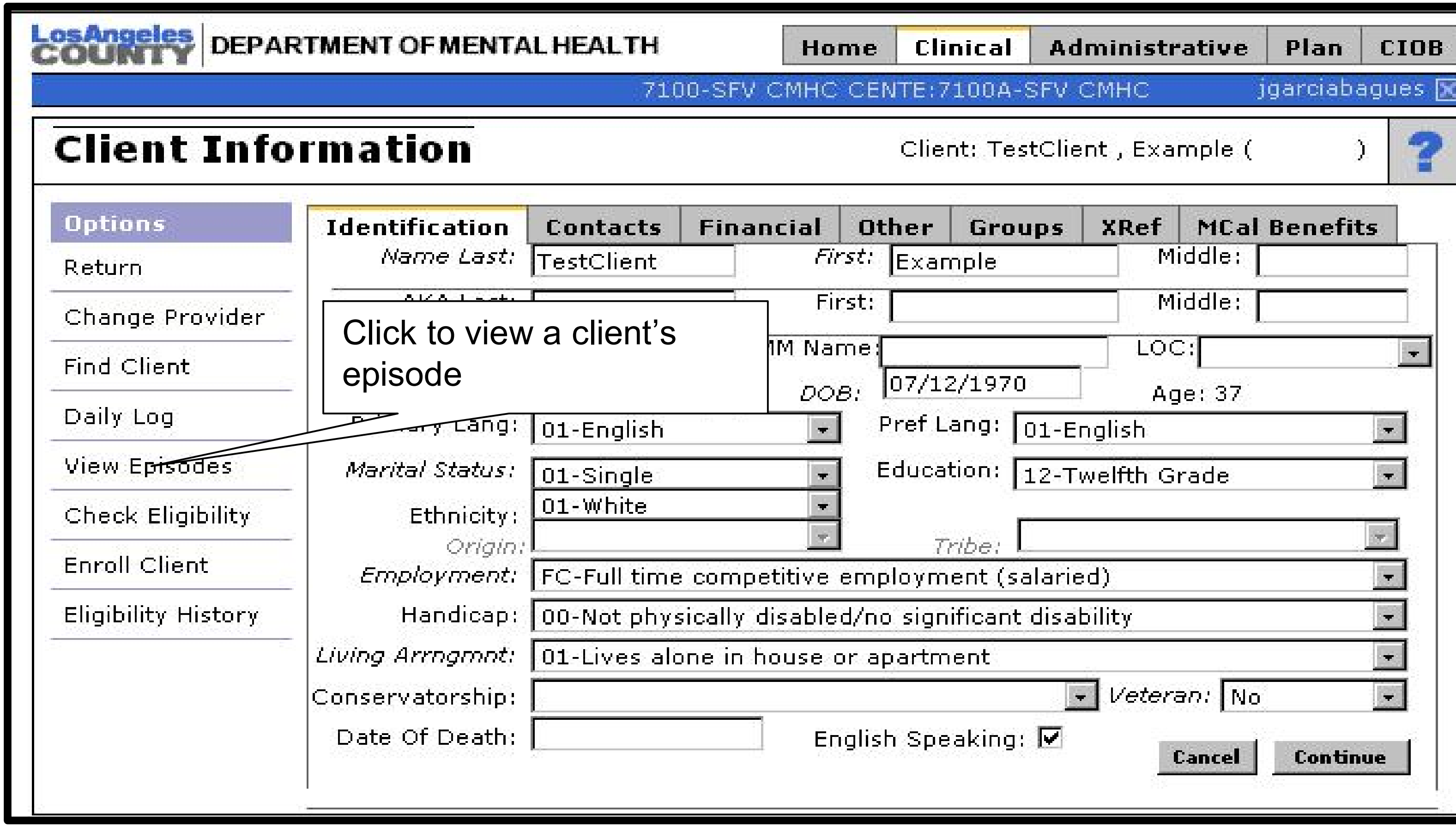
All this data (and there's a lot of it!) is what the State returns in an Eligibility Check

EXERCISE 7

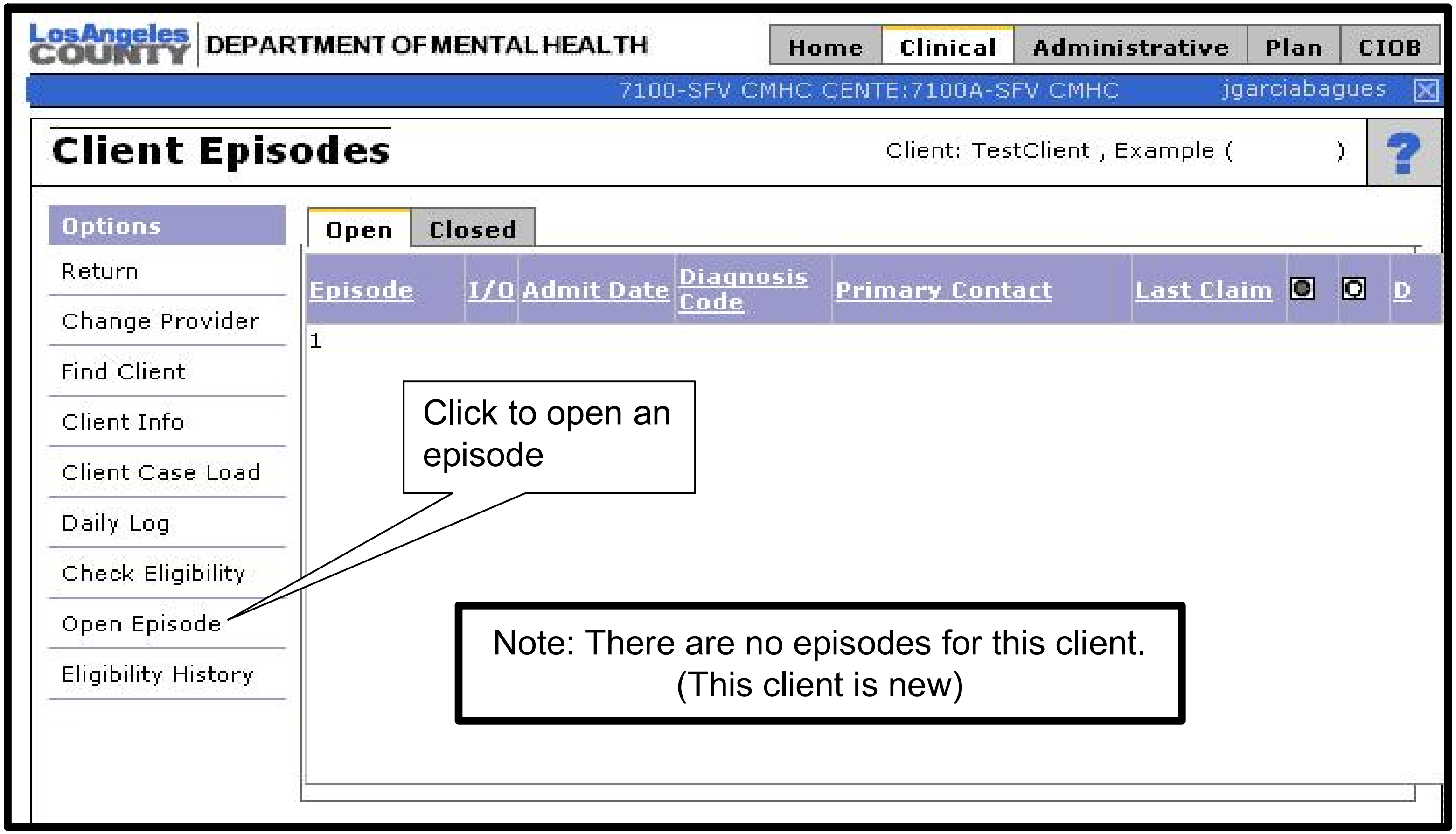
Open an Episode:

- Complete Admission Screen

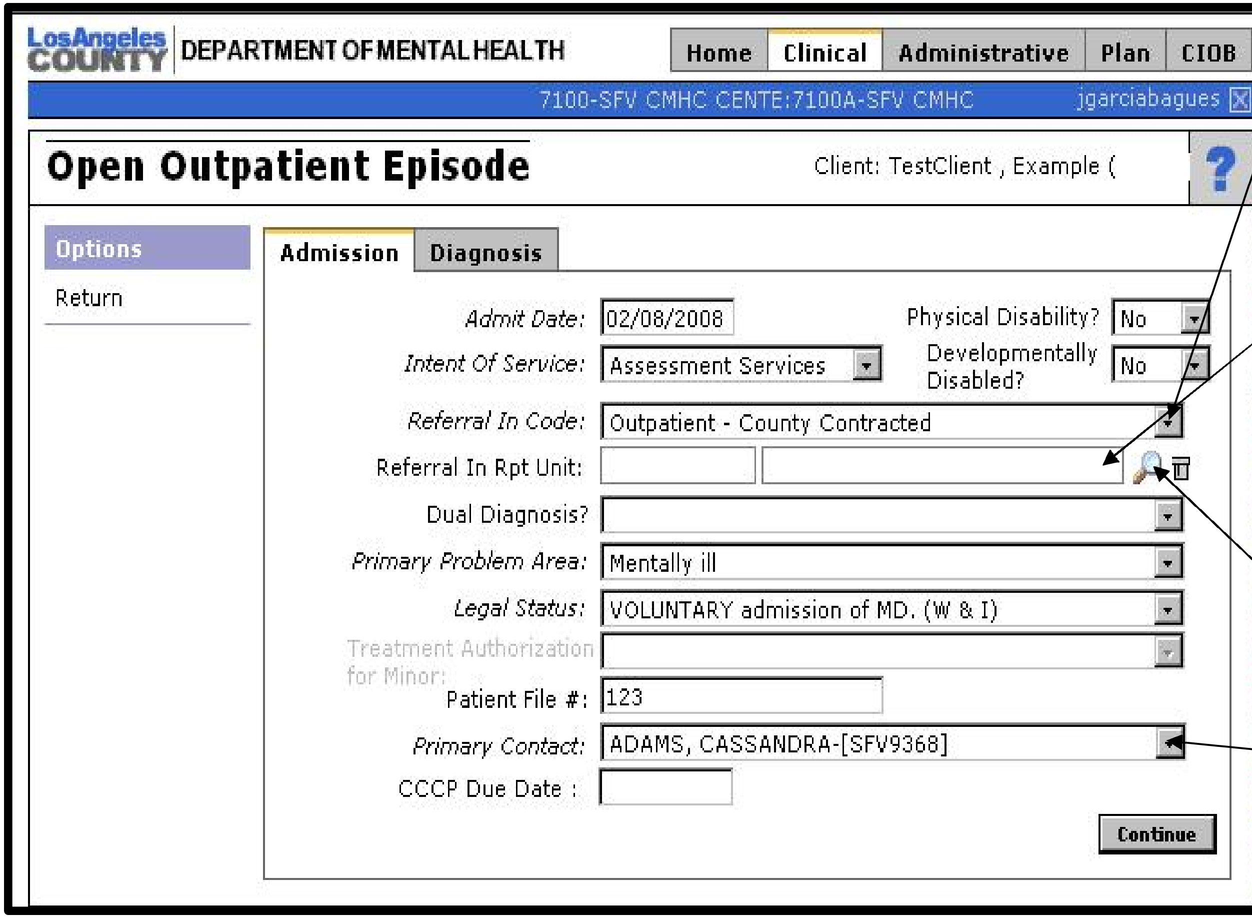
Open an Episode: Admission Screen



Open an Episode: Admission Screen



Open an Episode: Admission Screen



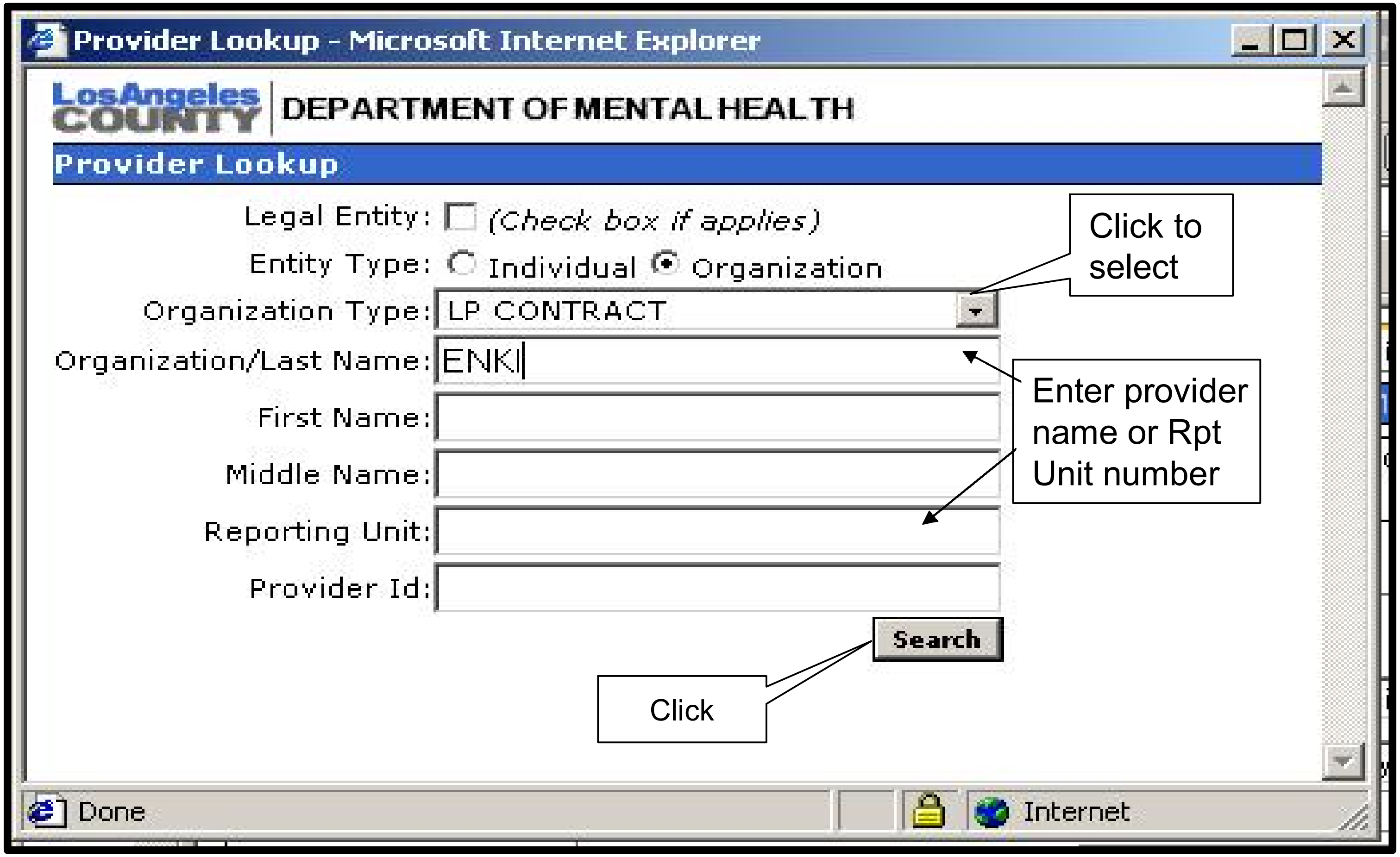
<u>Referral In Code:</u>
To identify the agency or person who referred the client to your agency.

<u>Referral In Rpt Unit</u>:
When the agency that referred the client has a reporting unit number. This field Is optional.

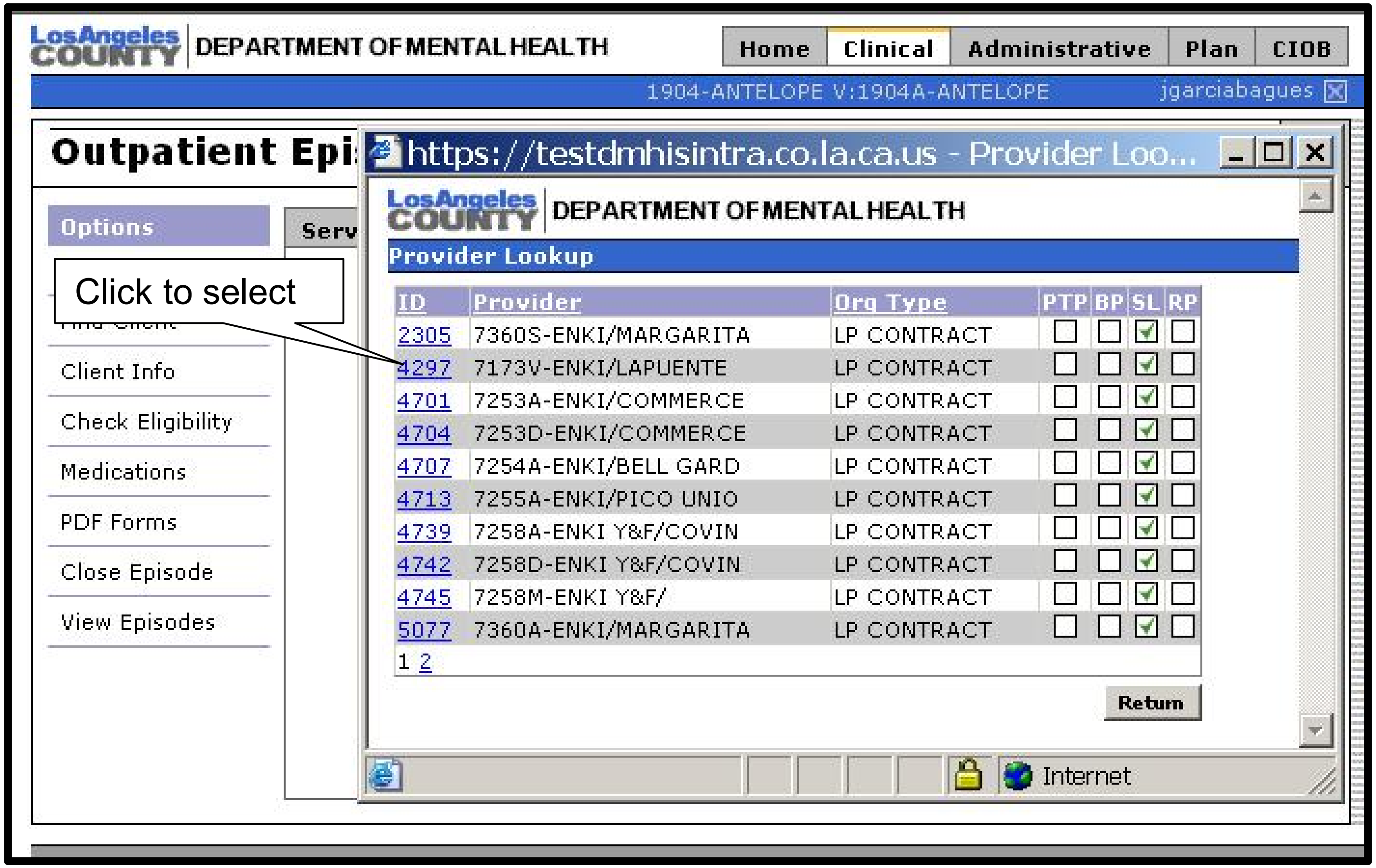
Click to search Rpt Unit by provider type & name (See next page.)

<u>Primary Contact:</u>
Click to select the client’s primary clinician

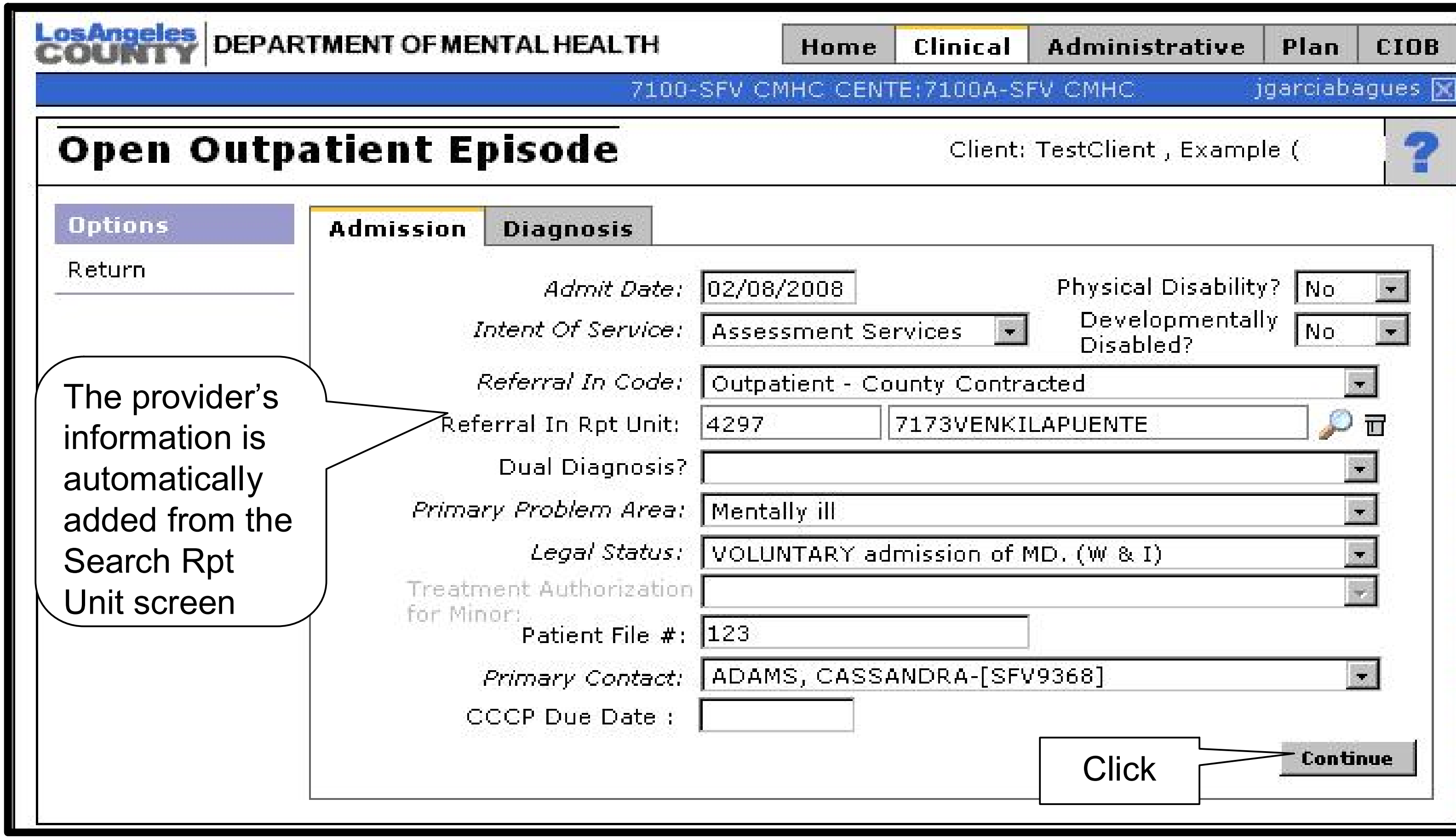
Open an Episode: Admission Screen Search Rpt Unit



Open an Episode: Admission Screen Search Rpt Unit (Cont.)



Open an Episode: Admission Screen.

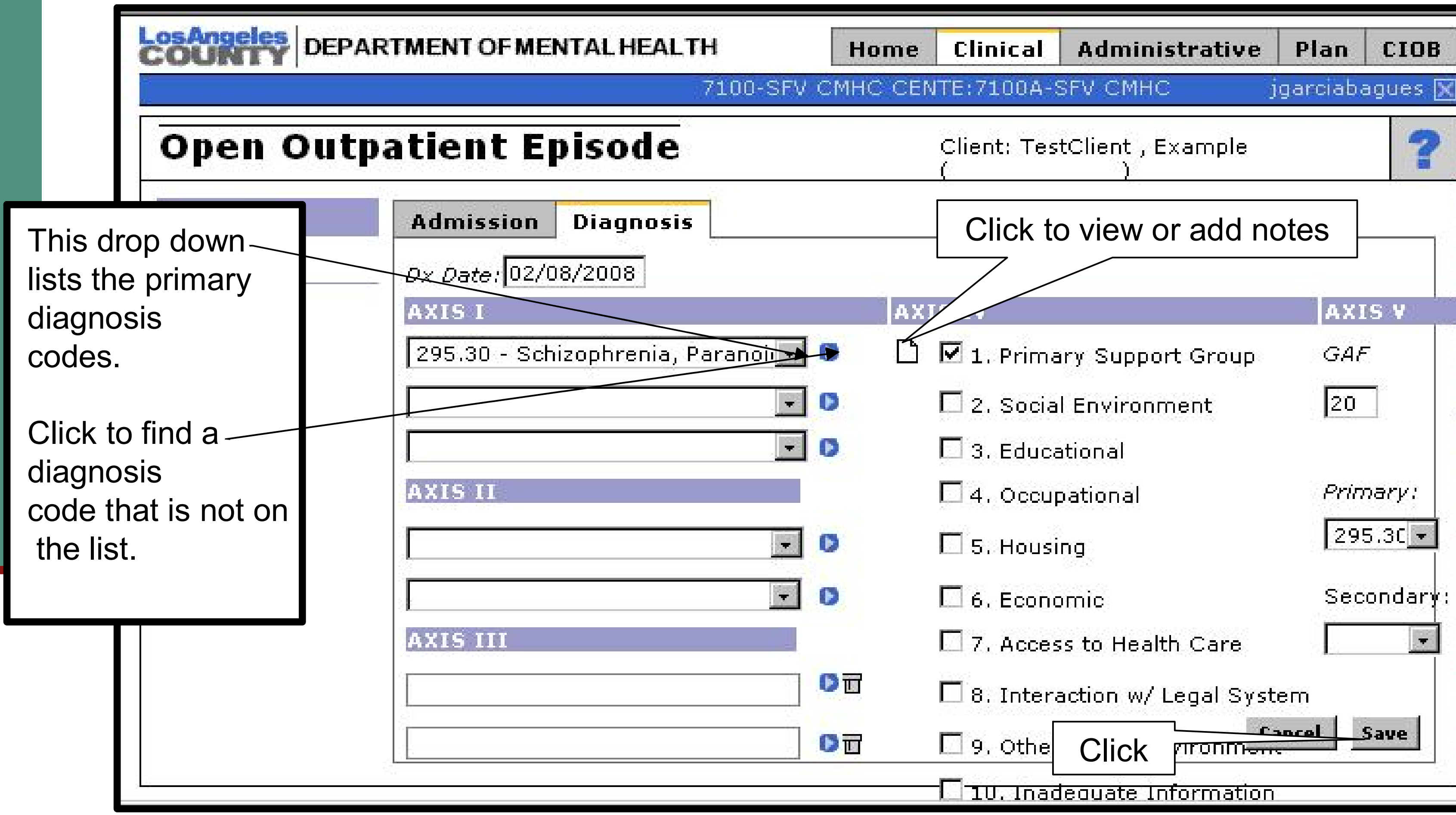


EXERCISE 8

Open an Episode:

- Complete the Diagnosis Screen

Open an Episode: Diagnosis Screen

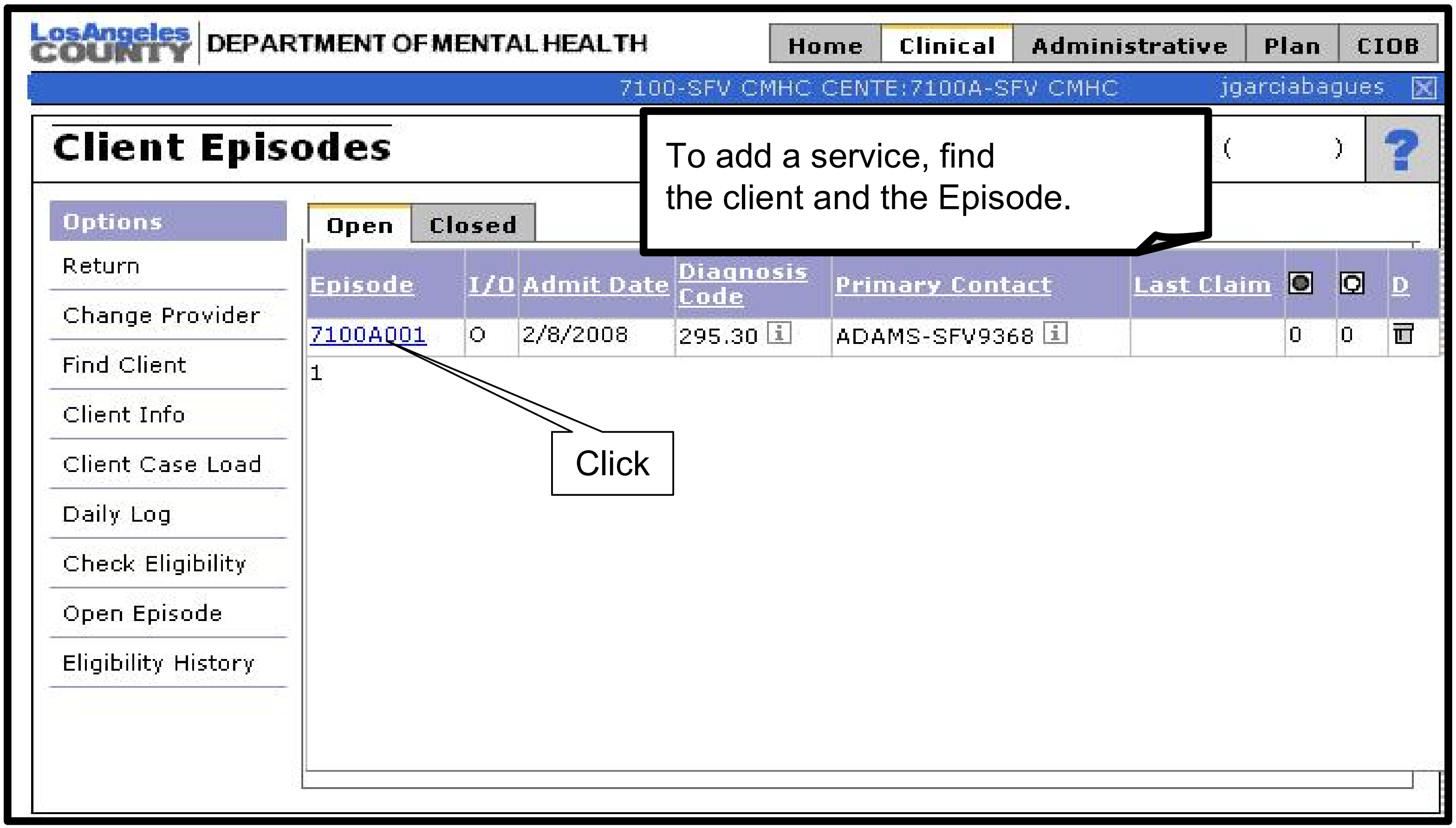


EXERCISE 9

Add Services

- Notes on Evidence Based Practice

Add Services



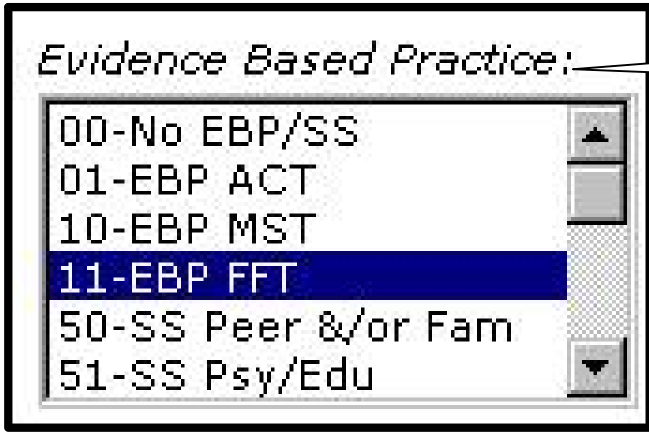
Add Services

Add Services

- What is Evidence Based Practice?

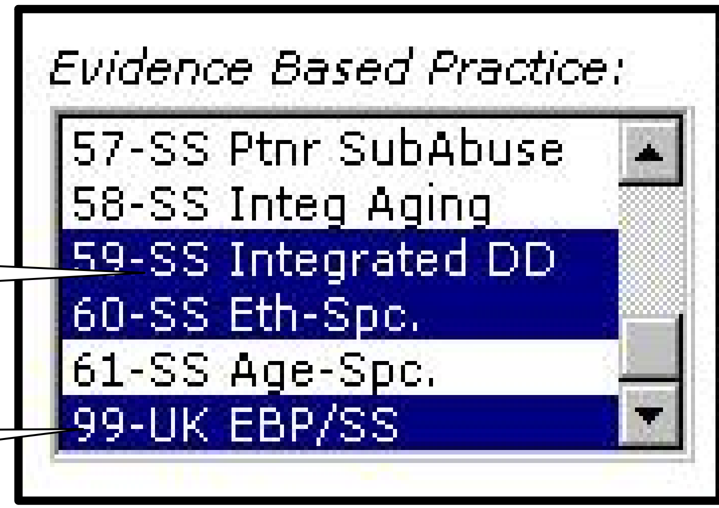
They are techniques that use research results, reasoning, and best practices to inform the improvement of Mental Health Care. DMH is now using the IS to track the use of these techniques. Examples: assertive community treatment, supported employment , integrated dual disorders treatment, family psychoeducation.

Add Services



The system may allow you to select up to 3 options

Select multiple objects next to each other by holding down the **SHIFT** key while you click



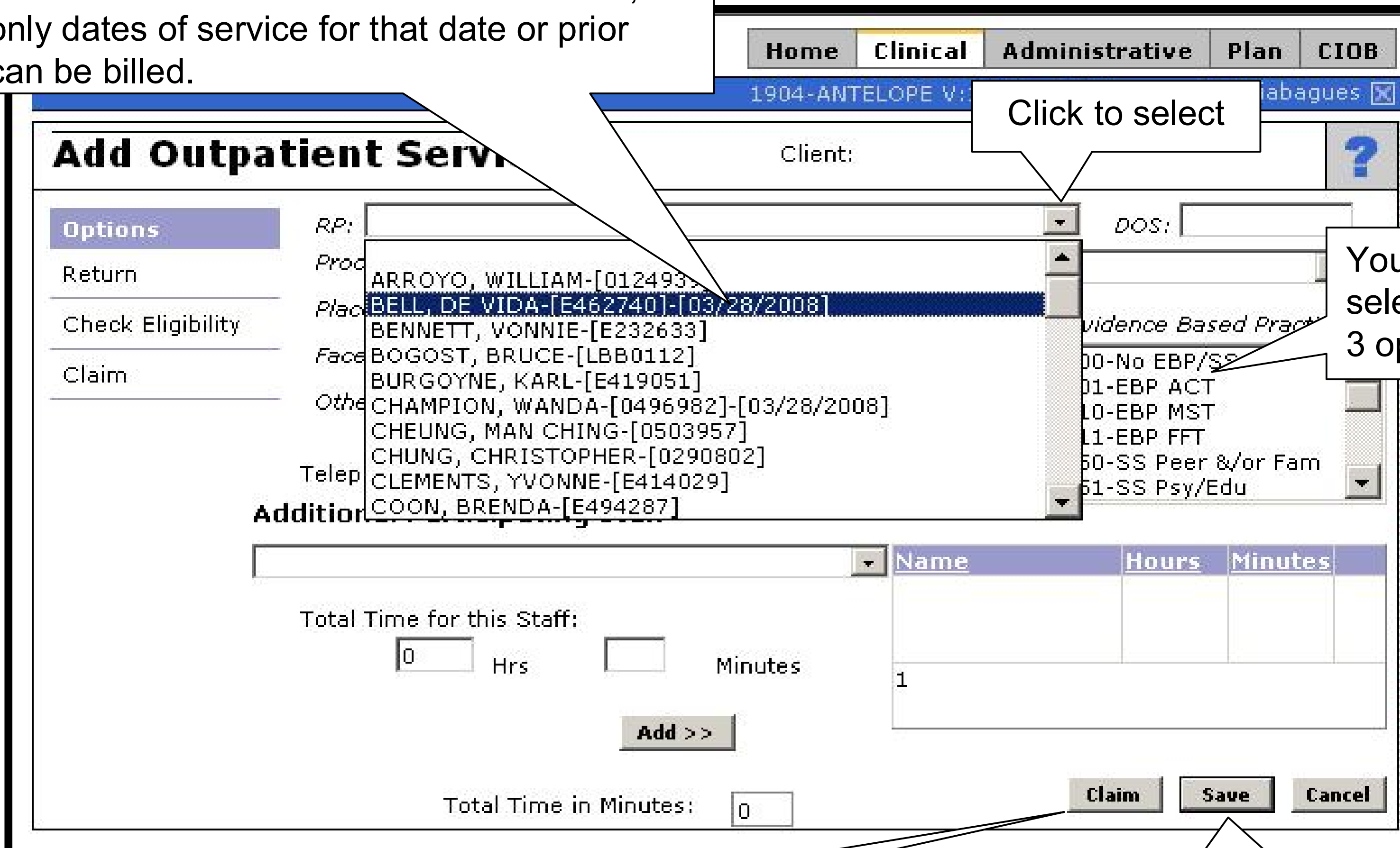
Or use the **CONTROL** key while you click to select items that are **NOT** next to each other

Add Services

Note: when RP's have a termination date, only dates of service for that date or prior can be billed.

Click to select

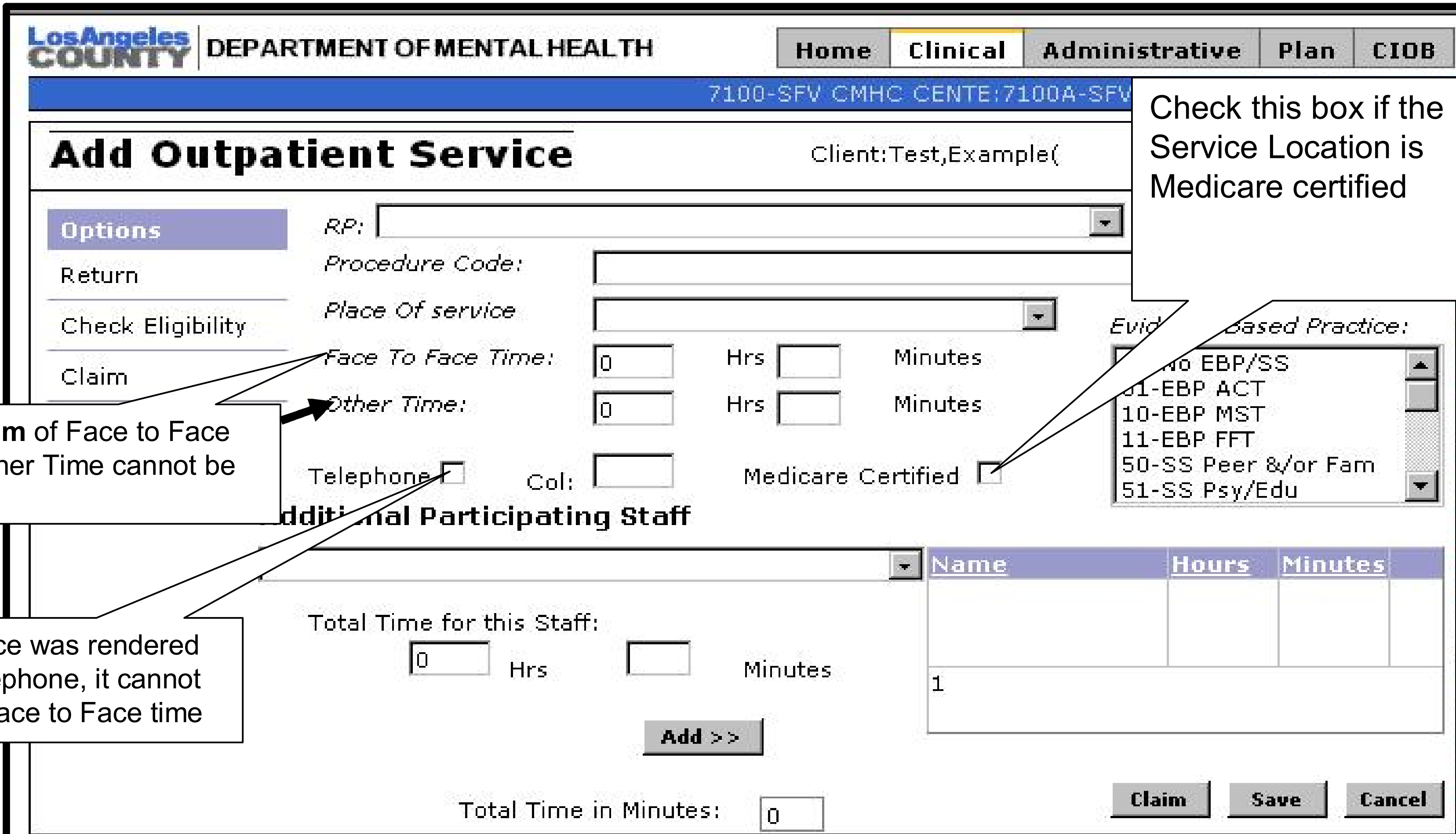
You may select up to 3 options.



Click "Claim" if you are ready to claim. There is not need to save

Click "Save" if you are not ready to claim

Add Services

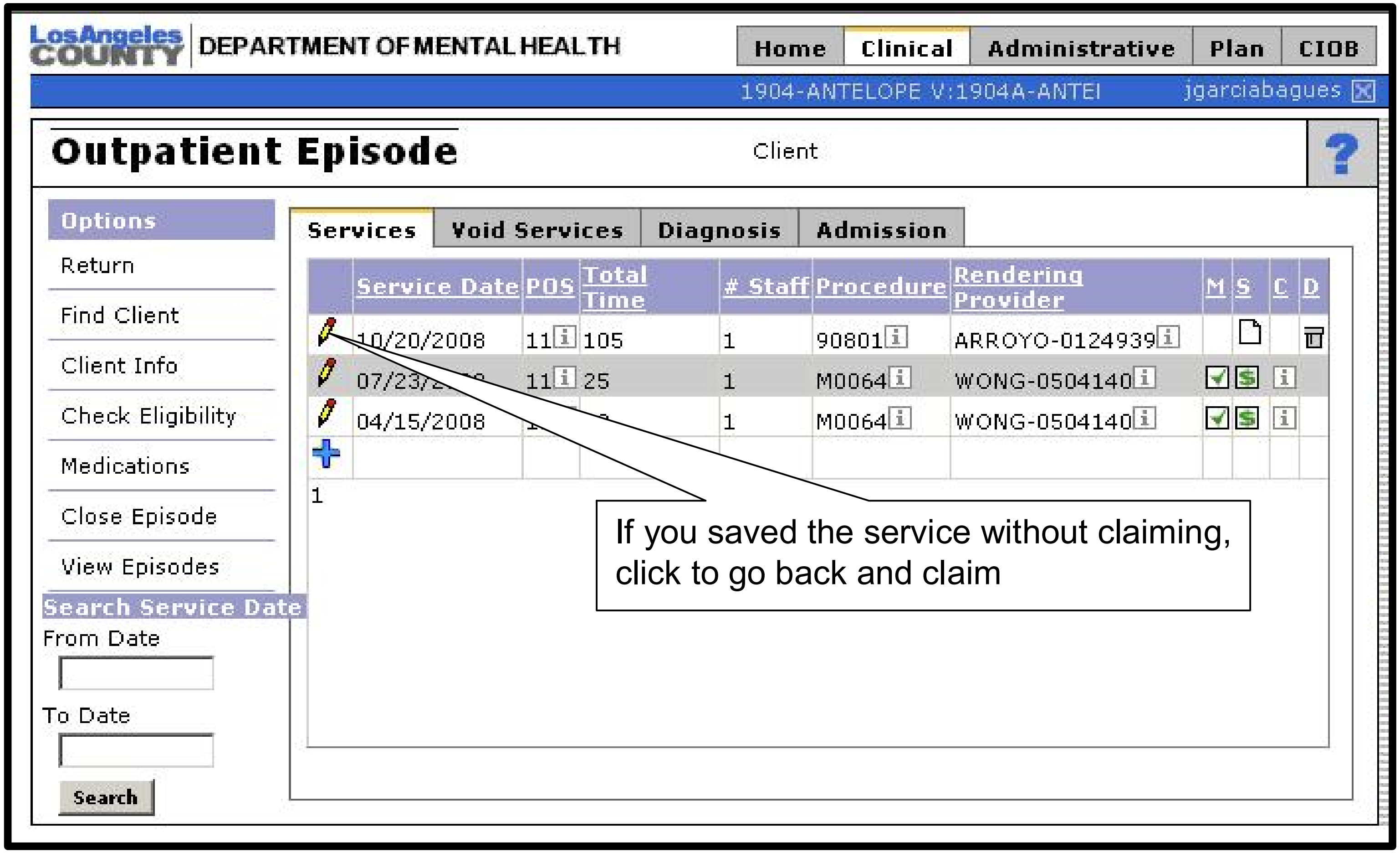


Check this box if the Service Location is Medicare certified

The **Sum** of Face to Face and Other Time cannot be zero

If service was rendered by Telephone, it cannot have Face to Face time

Add Services

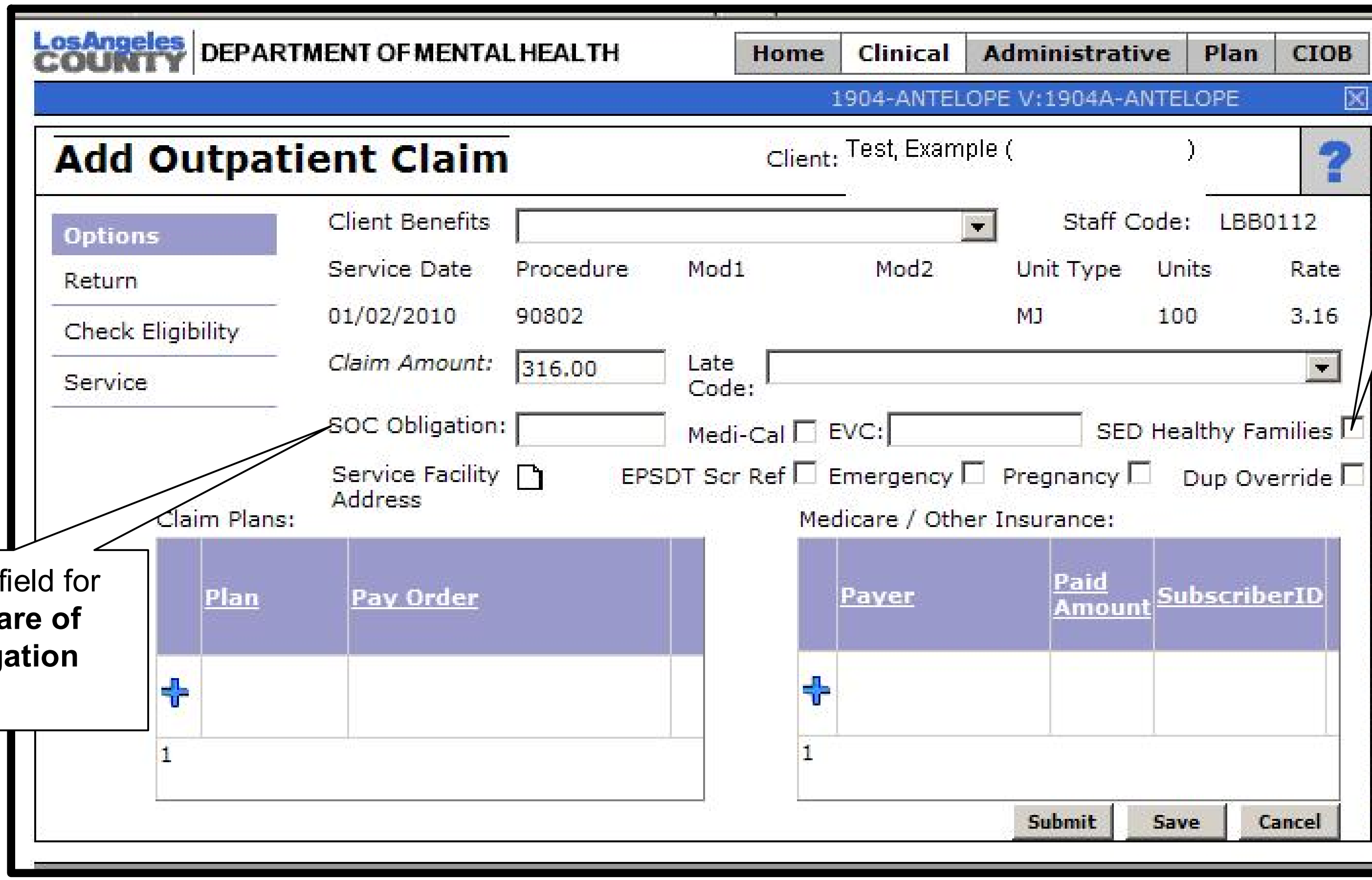


EXERCISE 10

Add a Claim:

- SOC Obligation, SED Healthy Families
- Service Facility Address, EPSDT Scr Ref
- Emergency, Pregnancy
- Dup Override
- Add a Plan
- Add Medicare/Other Insurance
- New Edit Messages
- Claim Status Icons under “S” Column in Episode Screen
- Sample of Claim Status Screen with new fields

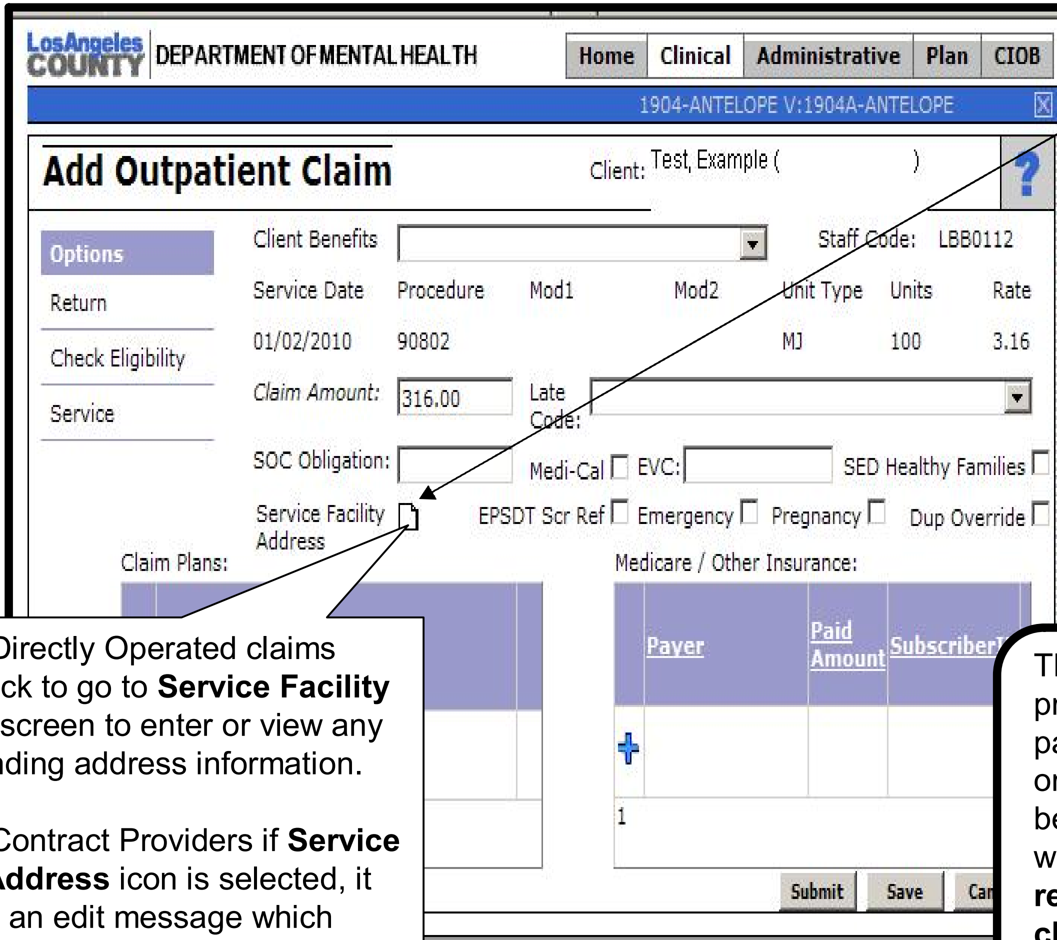
Add a Claim: SOC Obligation, SED Healthy Families

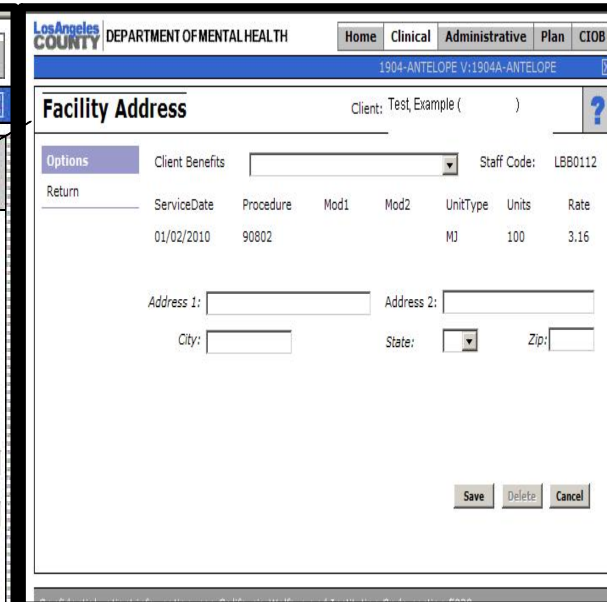


Check box that when is selected indicates claim is for **SED Healthy Families Service**

Data entry field for Client's **Share of Cost Obligation**

Add a Claim: Service Facility Address



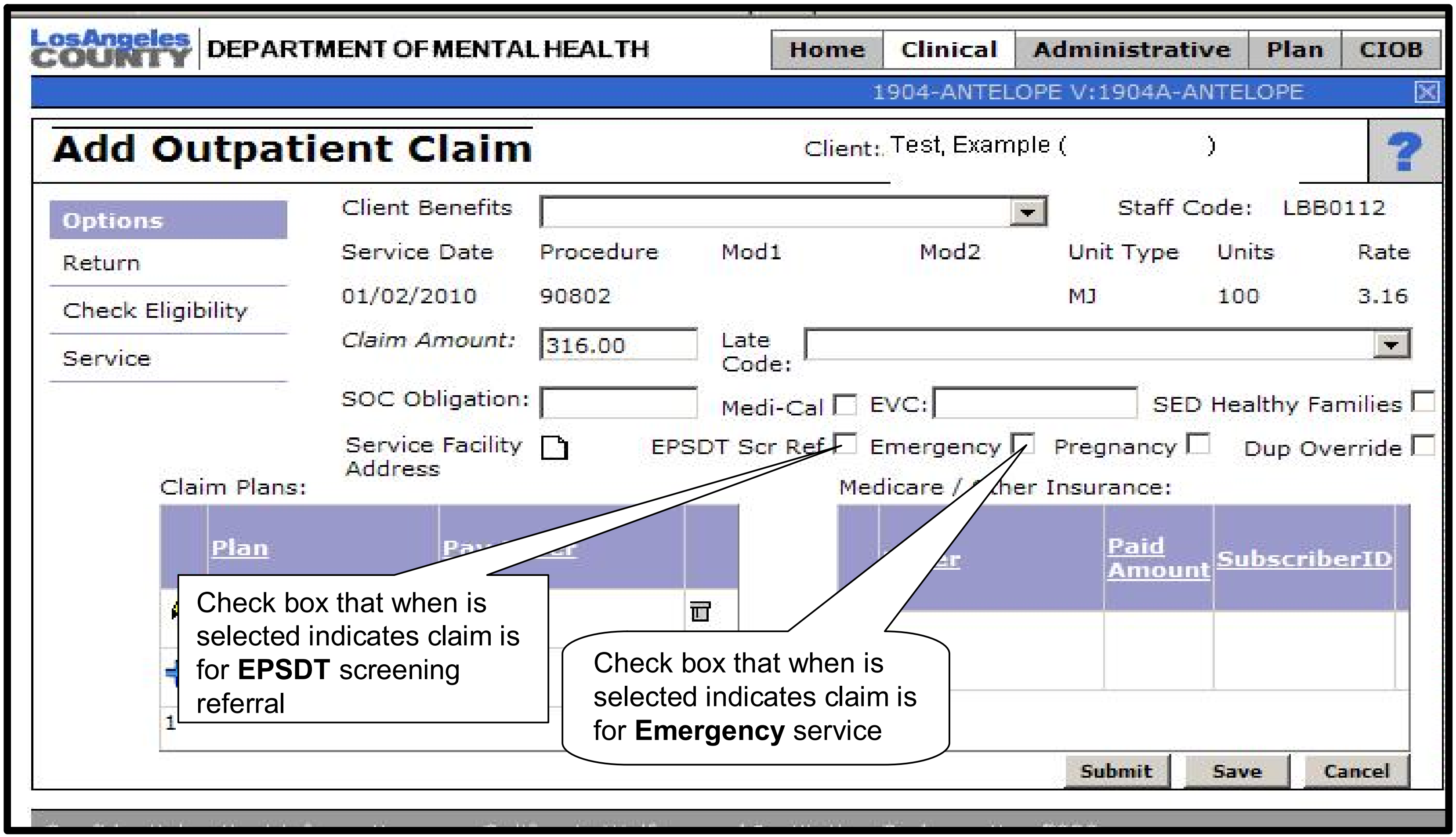


- For LP Directly Operated claims **ONLY**, click to go to **Service Facility Address** screen to enter or view any corresponding address information.

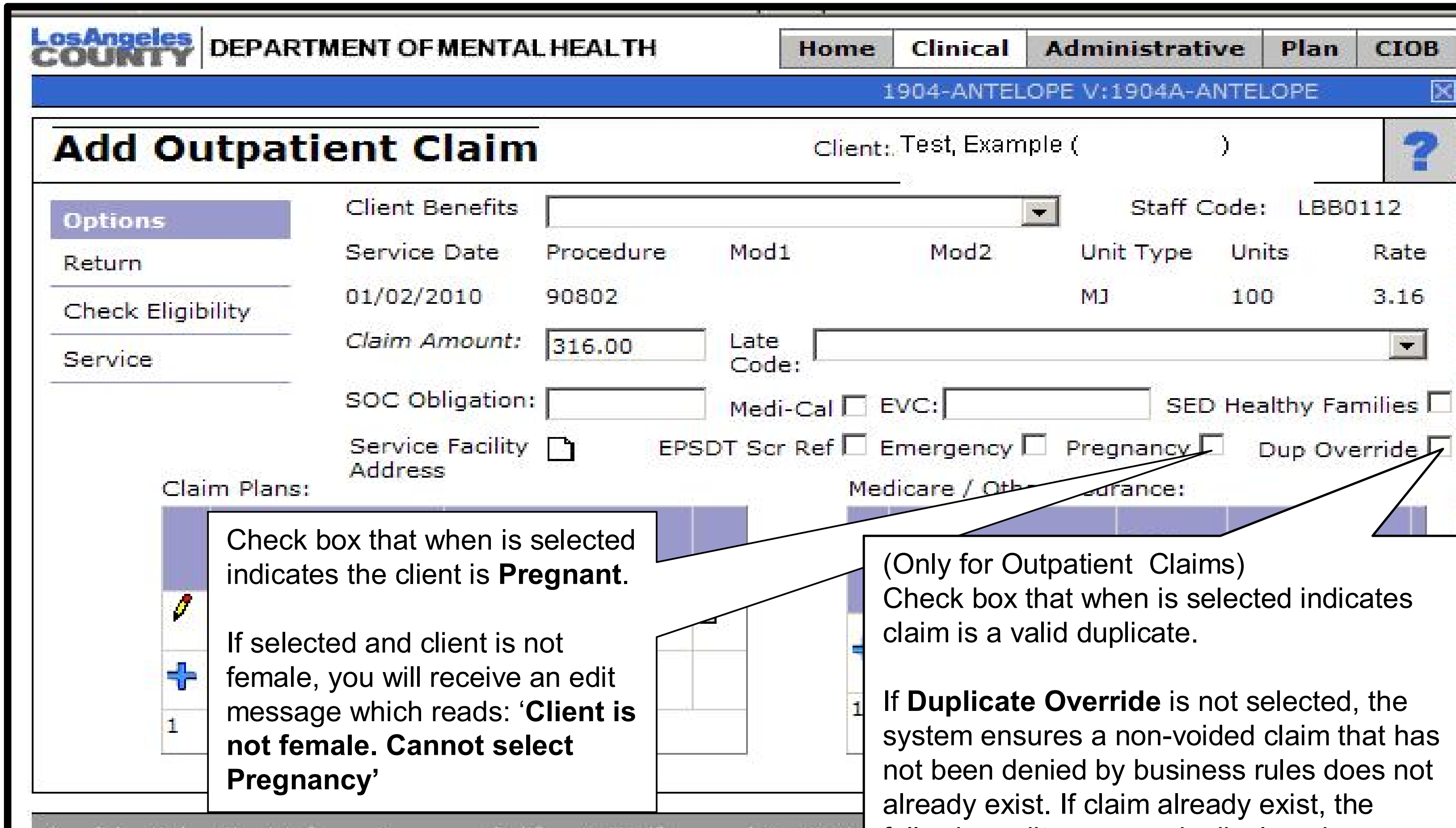
- For LP Contract Providers if **Service Facility Address** icon is selected, it will return an edit message which reads: **'The Provider type is not allowed to enter Service facility Address.'**

This is for LP Directly Operated providers **ONLY**, If Medicare is selected as a payer and the Place of Service is not home or office, ensure Facility Address has been entered. Otherwise, an edit message will return that reads: **'Service was not rendered at office or home. Cannot submit claims to Medicare without a Service Facility Address'**

Add Claim: EPSDT SCR Ref, Emergency



Add a Claim: Pregnancy, Dup Override



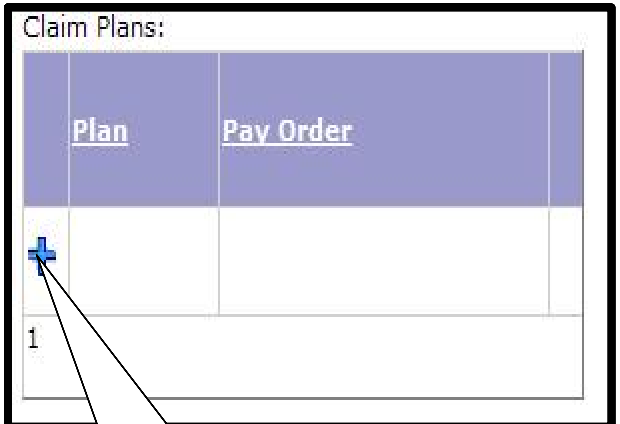
Check box that when is selected indicates the client is **Pregnant**.

If selected and client is not female, you will receive an edit message which reads: '**Client is not female. Cannot select Pregnancy**'

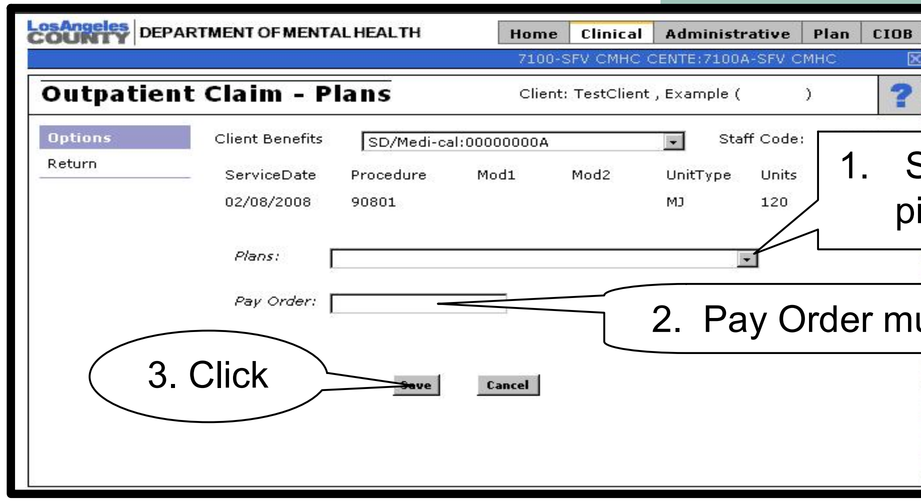
(Only for Outpatient Claims)
Check box that when is selected indicates claim is a valid duplicate.

If **Duplicate Override** is not selected, the system ensures a non-voided claim that has not been denied by business rules does not already exist. If claim already exist, the following edit message is displayed: **'Duplicate service has already been submitted'**

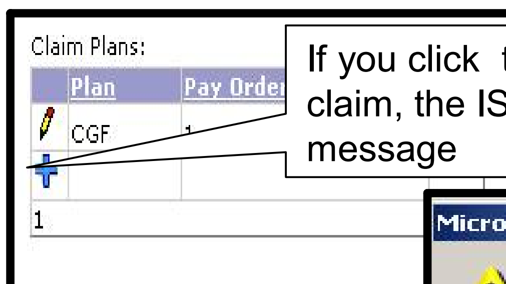
Add a Claim: Add a Plan



Click to begin adding a Plan for your claim



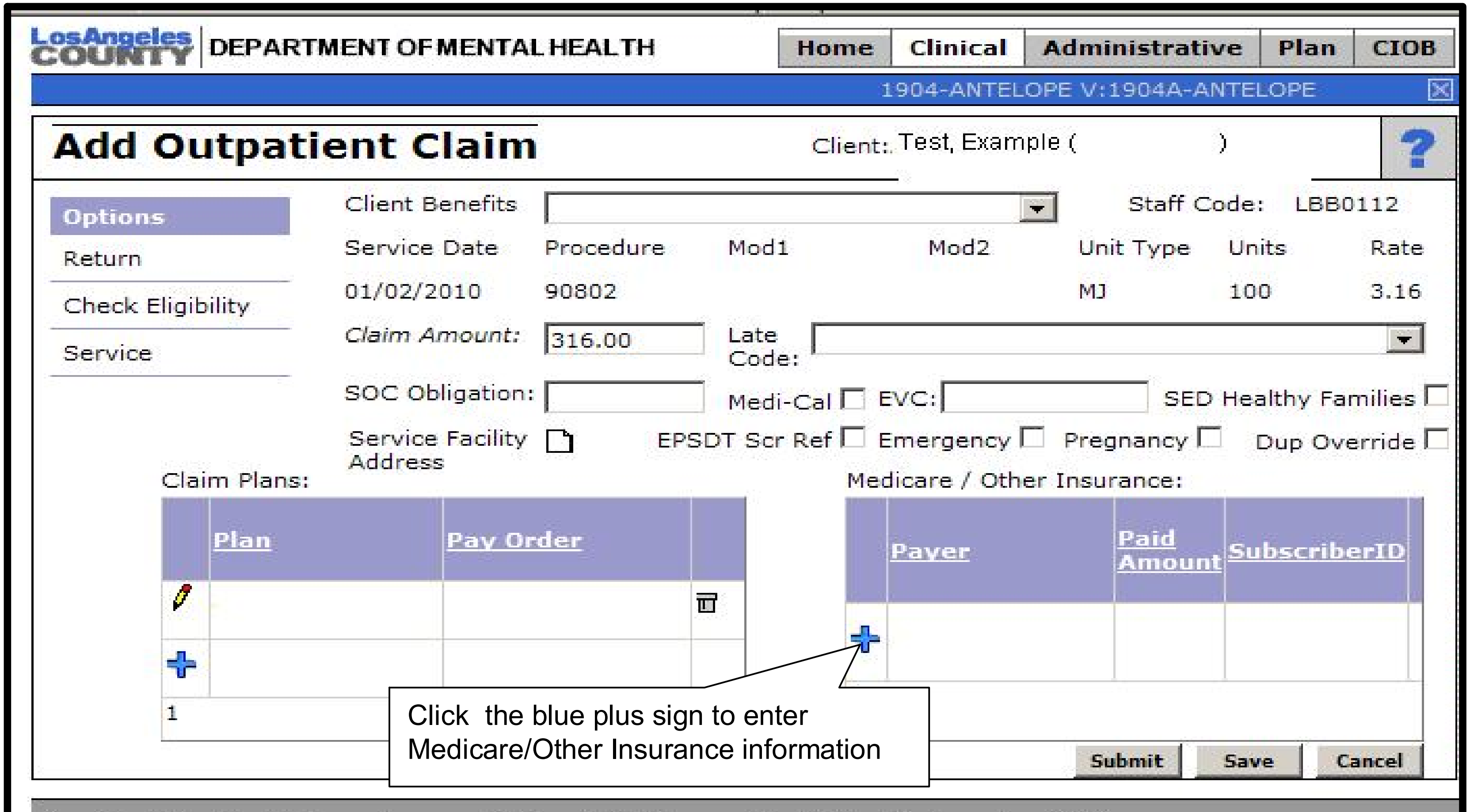
1. Scroll to pick a plan
2. Pay Order must be 1
3. Click



If you click to add a second plan per claim, the IS will generate this error message

This means that your plan was already added

Add a Claim: Medicare/Other Insurance (Payer)



Click the blue plus sign to enter Medicare/Other Insurance information

Add a Claim: Add Medicare/Other Payer (Insurance)

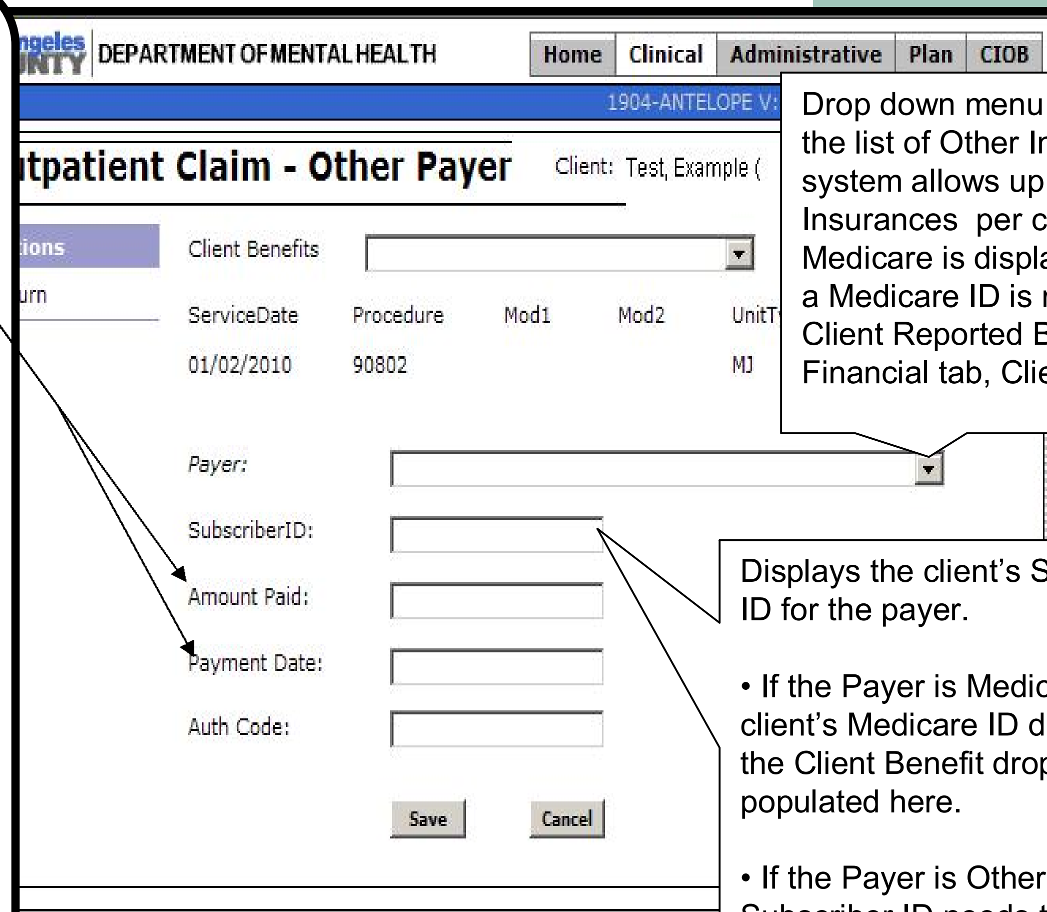
Amount Paid Field
Payment Date Field

- If provider is LP Contract and Medicare is listed as a payer, Medicare paid amount is required. An edit message will return if omitted ***'Medicare paid amount is required if Medicare is listed as a payer'***

- If provider is LP Contract and Medicare is listed as a payer, Medicare payment date is required. An edit message will return if omitted ***'Payment Date from Medicare is required'.***
  If Payment date prior to Date of Service is entered, an edit message will return that reads: '***Payment date must be after the date of service'***

- If Provider is LP Directly Operated and Medicare is listed as a payer, Medicare Amount Paid and Payment Date fields are disabled for entry. Cannot be entered.

- Both DO and CP if Other Insurance is selected as a payer, amount paid and payment date are required. Edit message will return if omitted ***'Payment Date from Other Insurance is required.'***



Drop down menu displays the list of Other Insurance, system allows up to 5 Other Insurances per claim. Medicare is displayed only if a Medicare ID is recorded in Client Reported Benefits of Financial tab, Client screen.

Displays the client's Subscriber ID for the payer.

- If the Payer is Medicare, the client's Medicare ID displayed in the Client Benefit drop down is populated here.

- If the Payer is Other Insurance , Subscriber ID needs to be entered.

Add a Claim: New Edit Messages

New Medi-Cal and Medicare Edit Messages in the Claim Screen regarding Short Doyle Medi-Cal Phase II Implementation:

• ‘Cannot submit claims to Medi-Cal when claim balance is less than or equal to zero. Claim balance is calculated as follows: Lesser of Claim or Contract amount minus sum of Other Insurace, Medicare, and SOC Obligation’

• ‘Client has a Medi-Cal ID but Medi-Cal is not selected as a payer.’

• ‘Cannot submit claims to Medi-Cal when Procedure Code is not billable to Medi-cal.’

• ‘Cannot submit claims to Medi-cal when Plan is not billable to Medi-cal.’

• ‘Claim is billable to Medicare but Medicare is not selected as a payer.’ For DO providers only

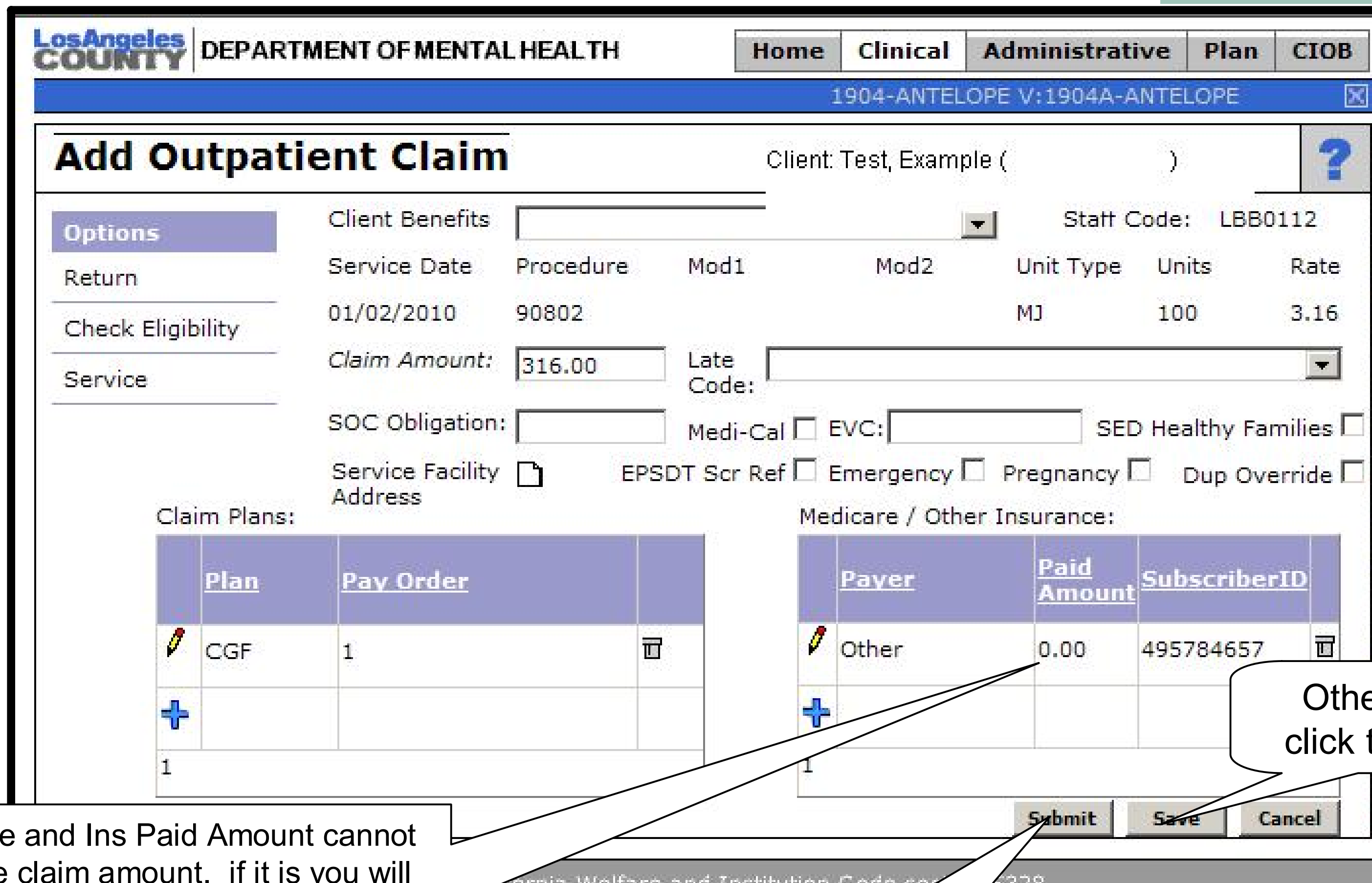
• Warning:’ Claim is billable to Medicare, but Medicare is not selected as a payer. If you wish to continue without fixing select OK. Otherwise select Cancel. For Contract Providers

• ‘Cannot submit claims to Medicare when Procedure Code is not billable to Medicare.’ For DO Providers only

• ‘Cannot submit claims to Medicare when Plan is not billable to Medicare.’ For DO Providers only

Note: Edit messages generated by the system are intended to alert and stop you from potentially submitting an erroneous claim.

Add a Claim

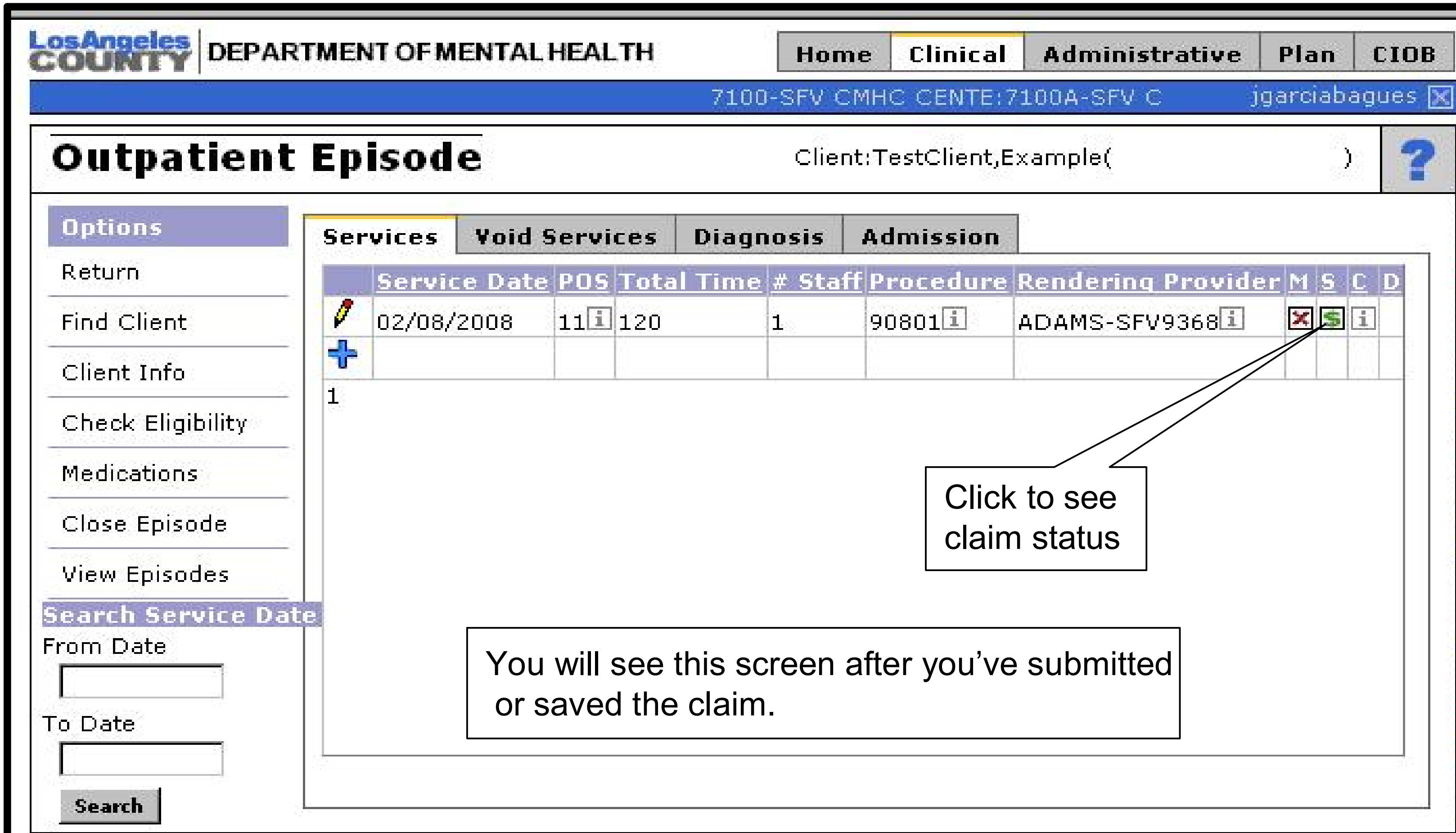


Otherwise click to save

NOTE: Medicare and Ins Paid Amount cannot be more than the claim amount. if it is you will get an edit message which reads: '**Medicare and Ins Paid Amount cannot exceed lesser of claim or contract amount.'**

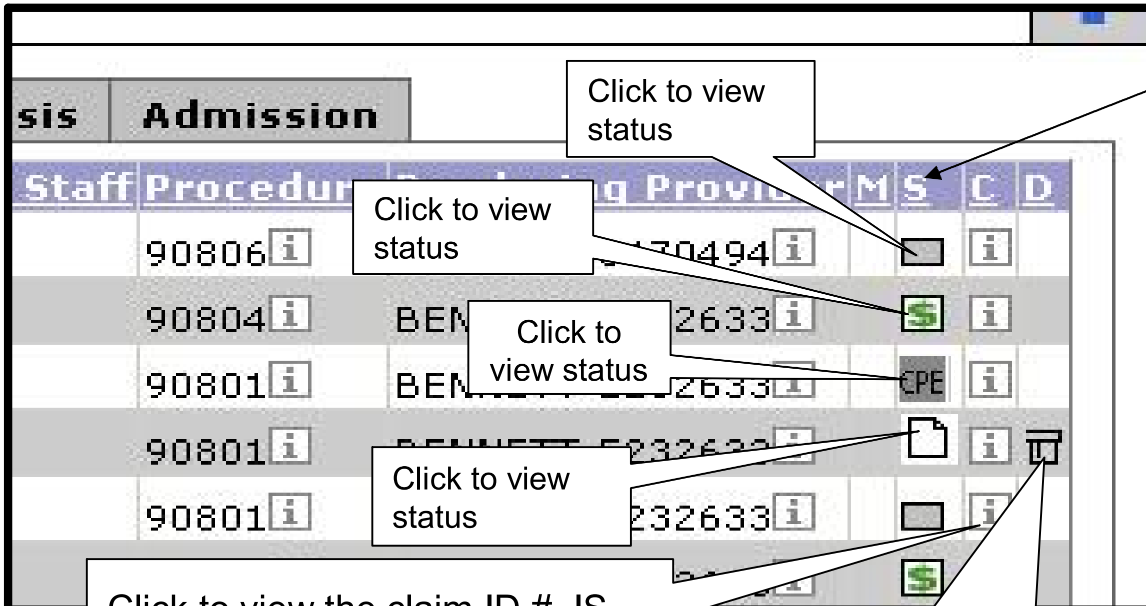
Click if you're ready to submit

Add a Claim



LosAngeles COUNTY
DEPARTMENT OF MENTAL HEALTH
Home
Clinical
Administrative
Plan
CIOB
7100-SFV CMHC CENTE:7100A-SFV C
jgarciabagues
Outpatient Episode
Client:TestClient,Example(
)
Options
Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes
Search Service Date
From Date
To Date
Search
Services
Void Services
Diagnosis
Admission
Service Date
POS
Total Time
Staff
Procedure
Rendering Provider
M
S
C
D
02/08/2008
11
120
1
90801
ADAMS-SFV9368
1
Click to see claim status
You will see this screen after you've submitted or saved the claim.

Claim Status Icons Under "S" Column in Episode Screen



Click to view status

Click to view status

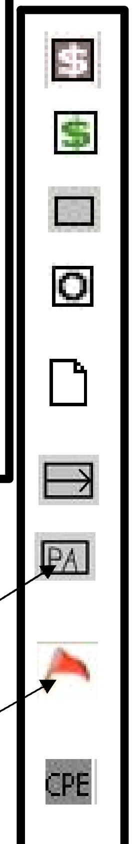
Click to view status

Click to view status

Click to view the claim ID #, IS claim #, and submit date

Since this service has not been claimed, you have the option to delete it.

You should not see these icons. If you do, please call the CIOB help desk.



Claim Status Icon under 'S" column in the Episode Screen

(Red) Denied Claim

(Green) Approved

Pending

Claim Saved, not yet Submitted

Service Saved, not yet Claimed

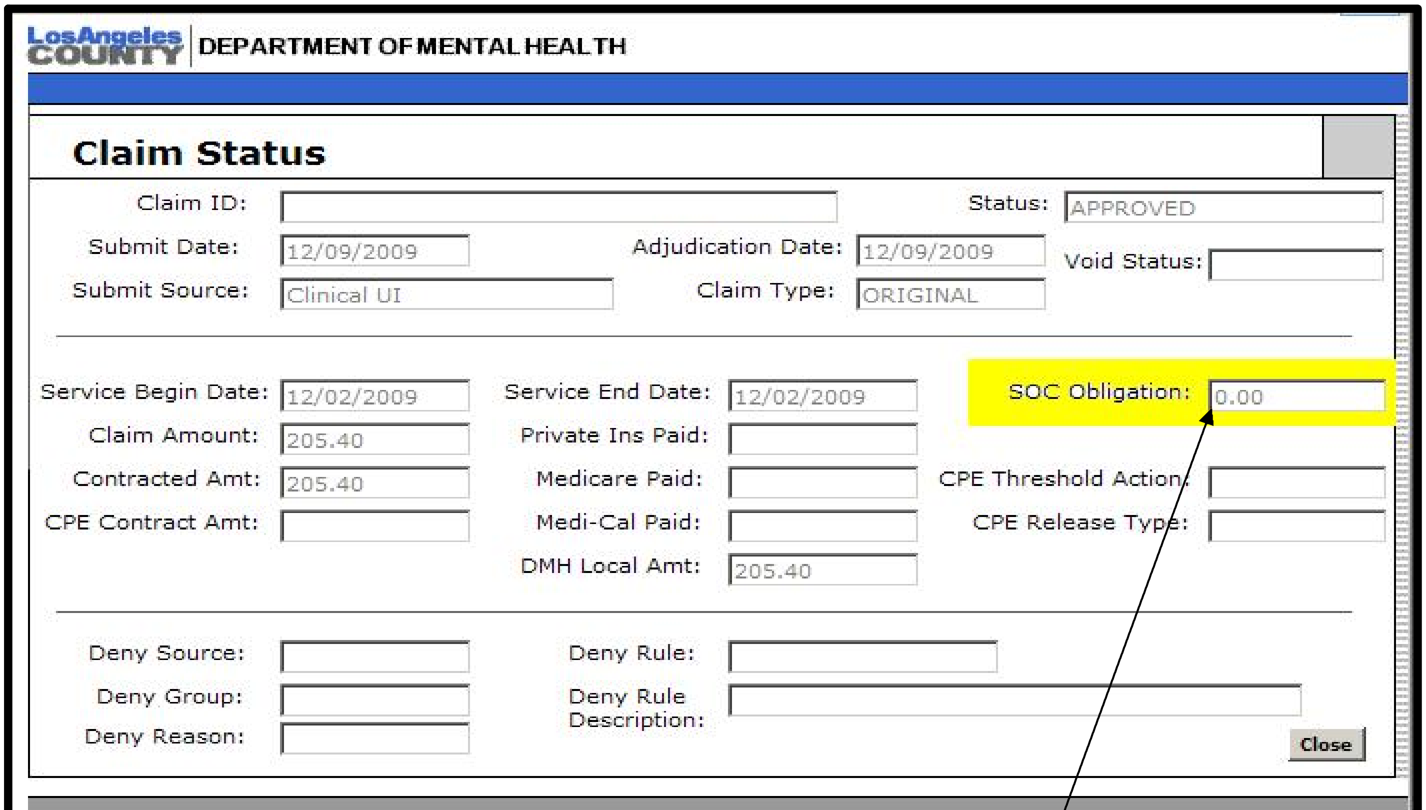
Forwarded

Pending Adjudication

Submitted

Pending CPE

Sample of Claim Status Screen



Los Angeles County | DEPARTMENT OF MENTAL HEALTH

Claim Status

Claim ID:

Status: APPROVED

Submit Date: 12/09/2009

Adjudication Date: 12/09/2009

Void Status:

Submit Source: Clinical UI

Claim Type: ORIGINAL

Service Begin Date: 12/02/2009

Service End Date: 12/02/2009

SOC Obligation: 0.00

Claim Amount: 205.40

Private Ins Paid:

Contracted Amt: 205.40

Medicare Paid:

CPE Threshold Action:

CPE Contract Amt:

Medi-Cal Paid:

CPE Release Type:

DMH Local Amt: 205.40

Deny Source:

Deny Rule:

Deny Group:

Deny Rule Description:

Deny Reason:

Close

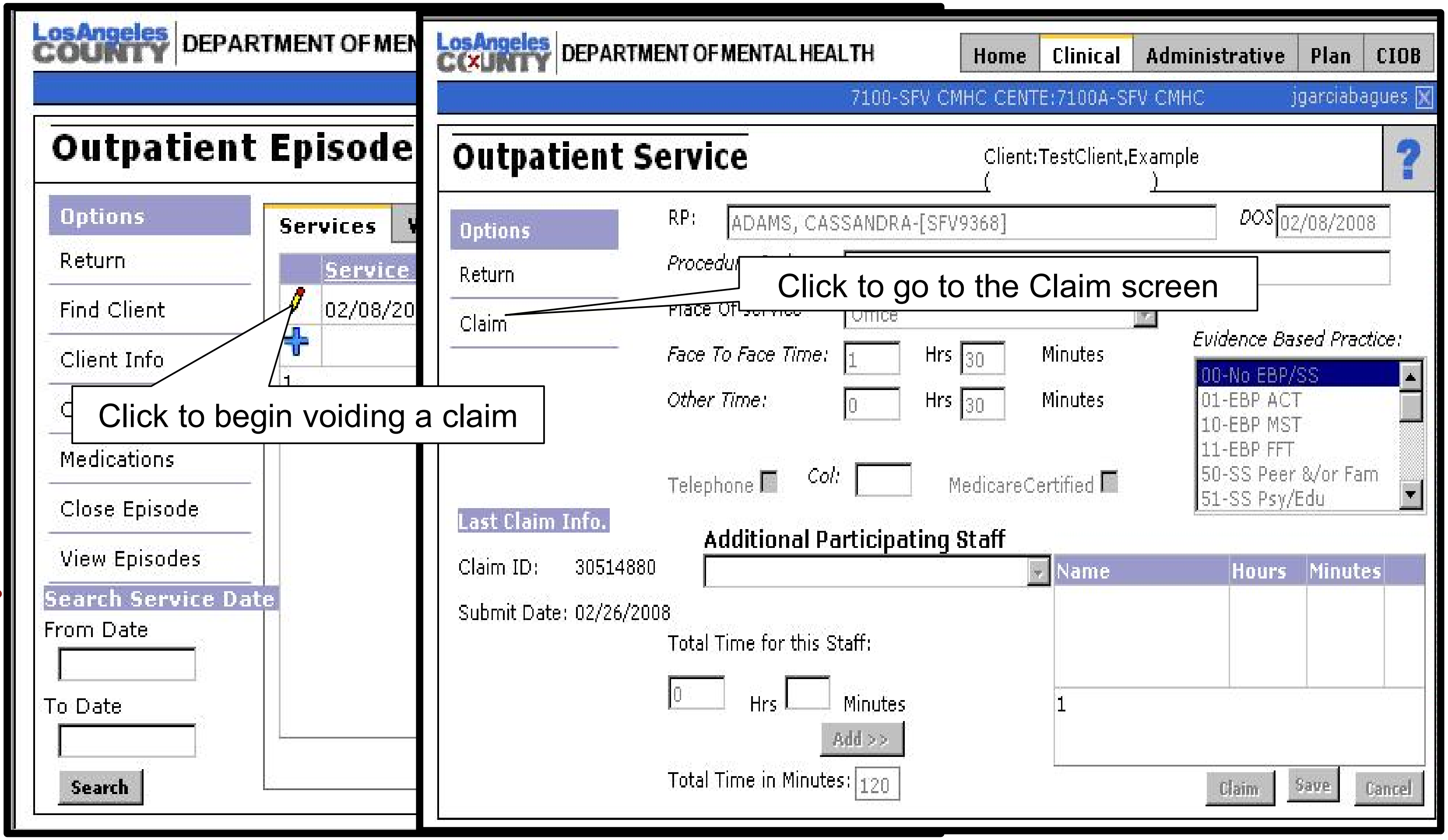
'**Client Amt Paid**' field has been relabeled to '**SOC Obligation**' to capture the Share of Cost Obligation of the client. if an amount is entered in the Claim screen, you will also see the amount here.

EXERCISE 11

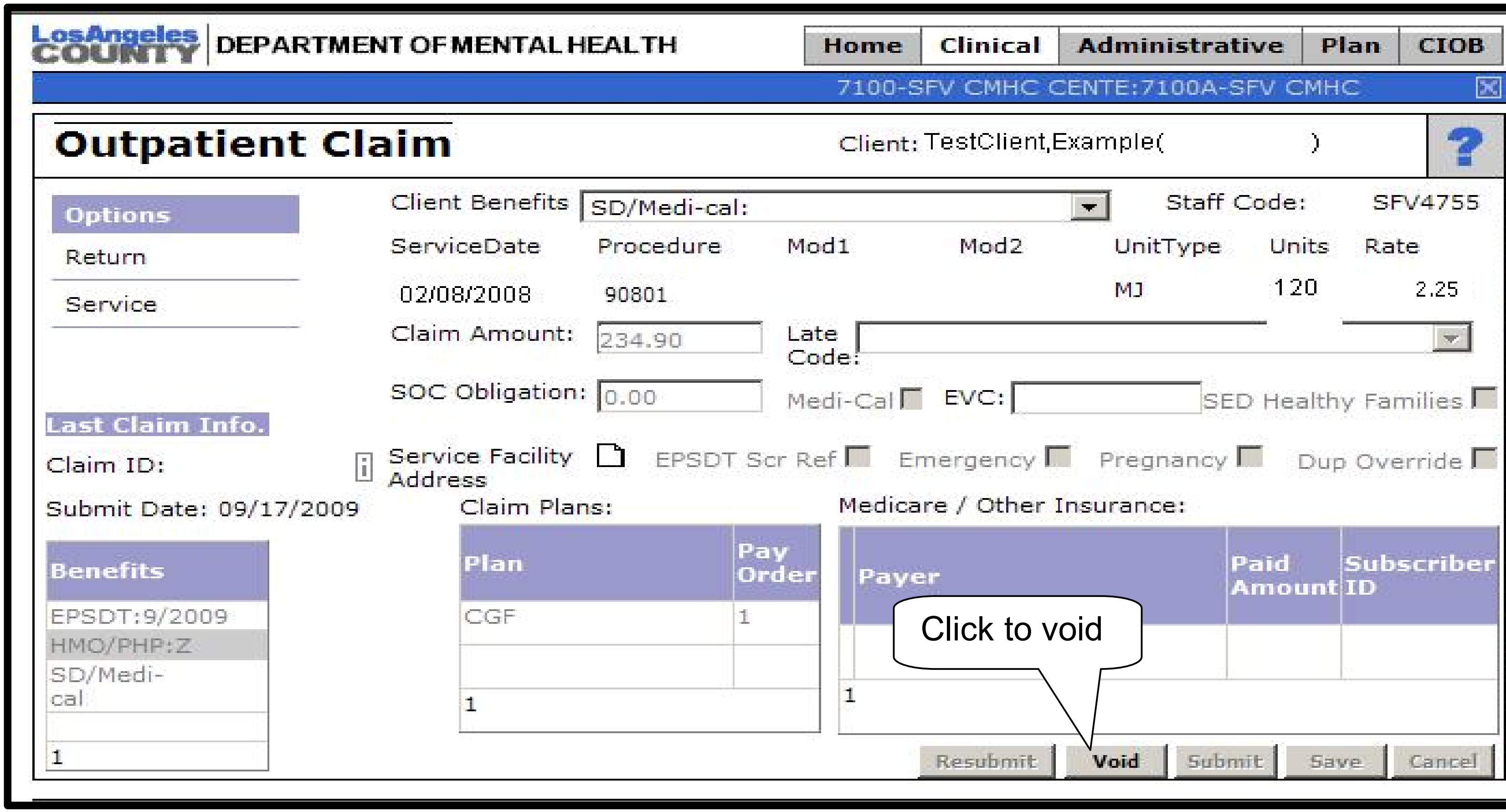
Void and Resubmit:

- Void a Claim Submitted in Short-Doyle I
- Void Function Disabled for Claims Submitted in Short-Doyle II
- Resubmit a Claim

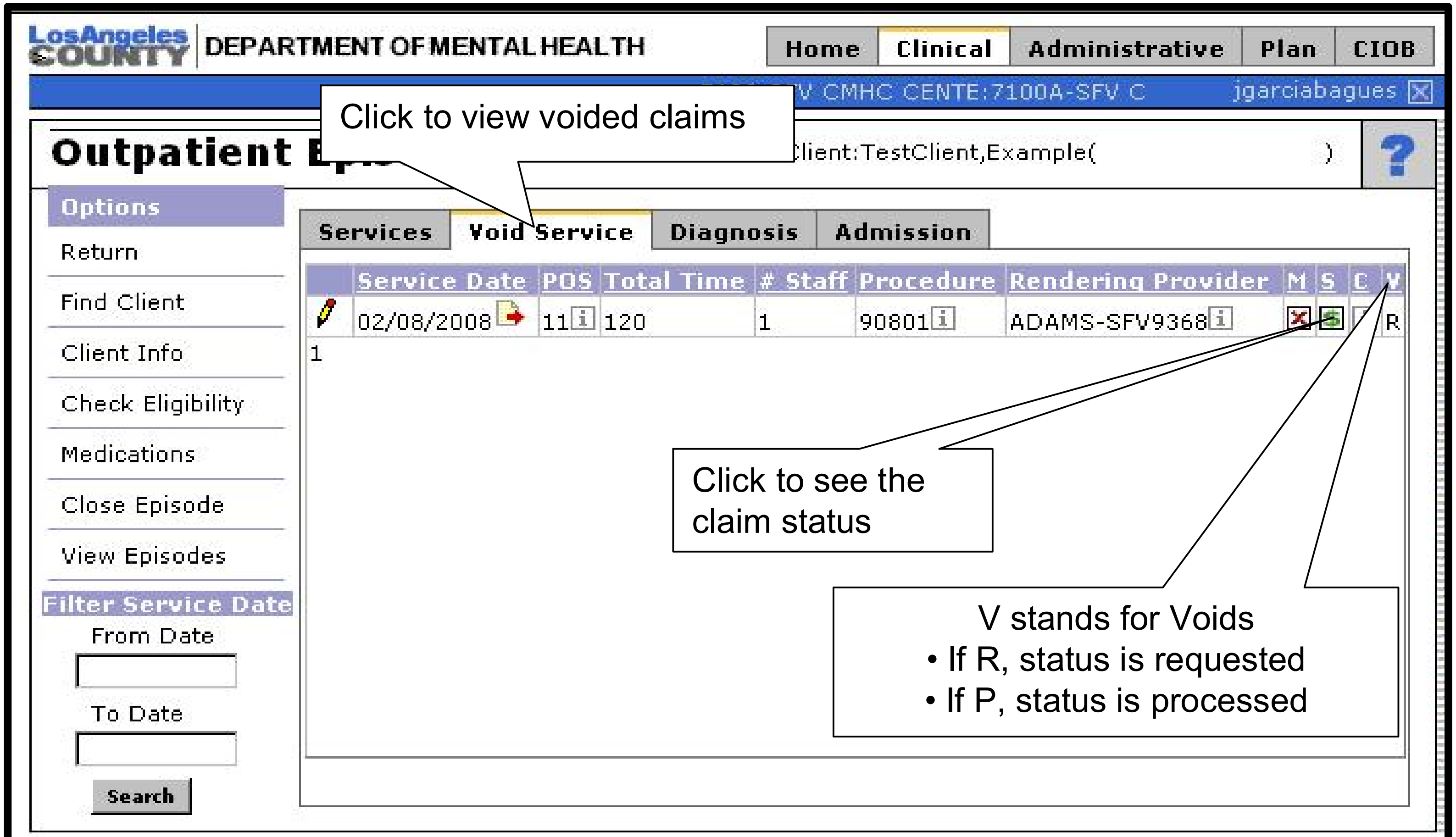
Void Claims - Short-Doyle I



Void Claims - Short-Doyle I



Void Claims - Short-Doyle I



Void Claims - Short-Doyle I

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

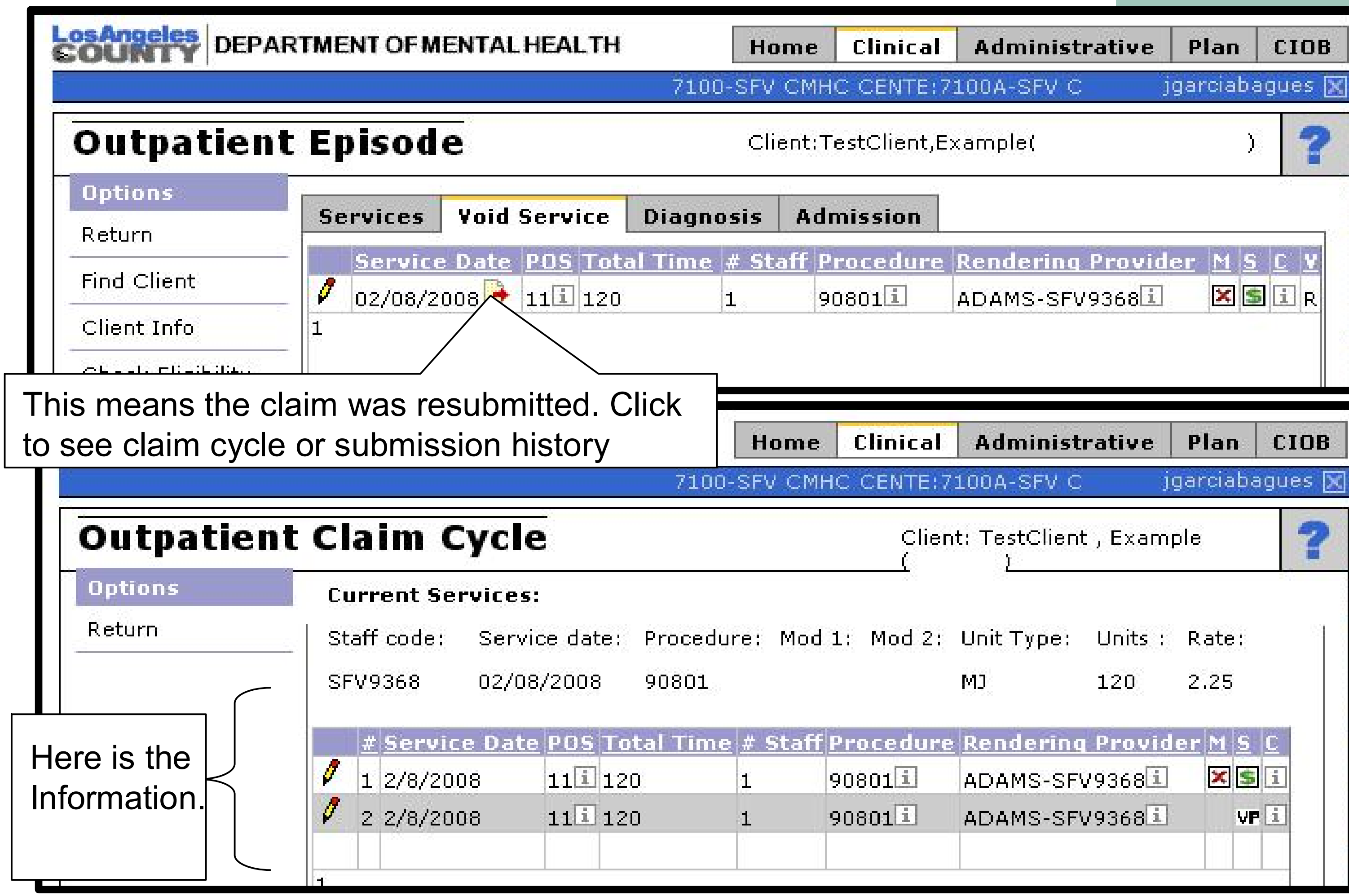
Claim Status

Claim ID:	40619925			Status:	APPROVED
Submit Date:	02/26/2008	Adjudication Date:	02/26/2008	Void Status:	REQUESTED
Submit Source:	Clinical UI	Claim Type:	ORIGINAL		
Service Begin Date:	02/08/2008	Service End Date:	02/08/2008	SOC Obligation:	0.00
Claim Amount:	234.90	Private Ins Paid:			
Contracted Amt:	234.90	Medicare Paid:	0.00	CPE Threshold Action:	
CPE Contract Amt:		Medi-Cal Paid:	0.00	CPE Release Type:	
		DMH Local Amt:	234.90		
Deny Source:		Deny Rule:			
Deny Group:		Deny Rule Description:			
Deny Reason:					

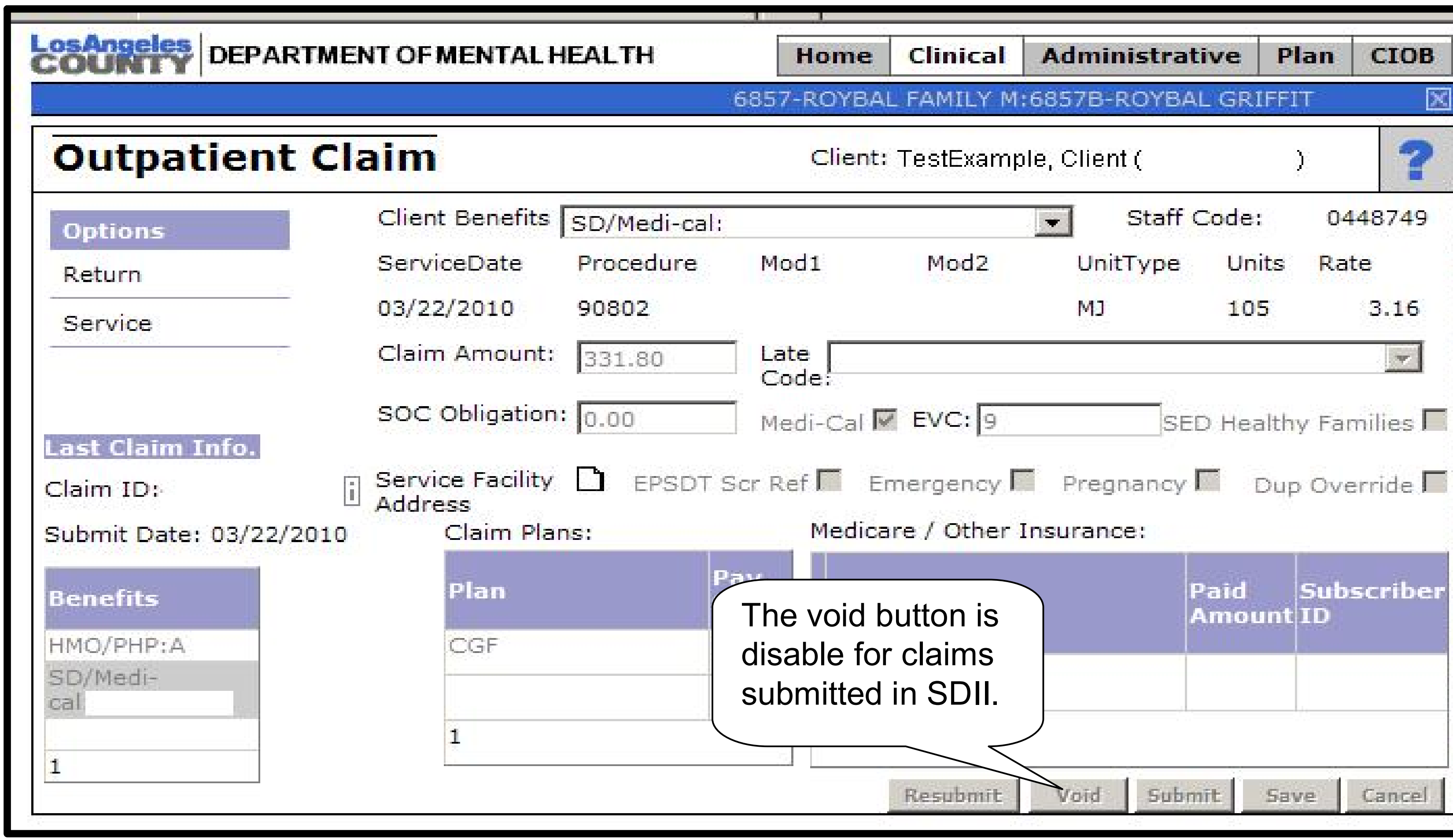
Close

Confidential patient information, see California Welfare and Institution Code section 5328.

Void Claims - Short-Doyle I

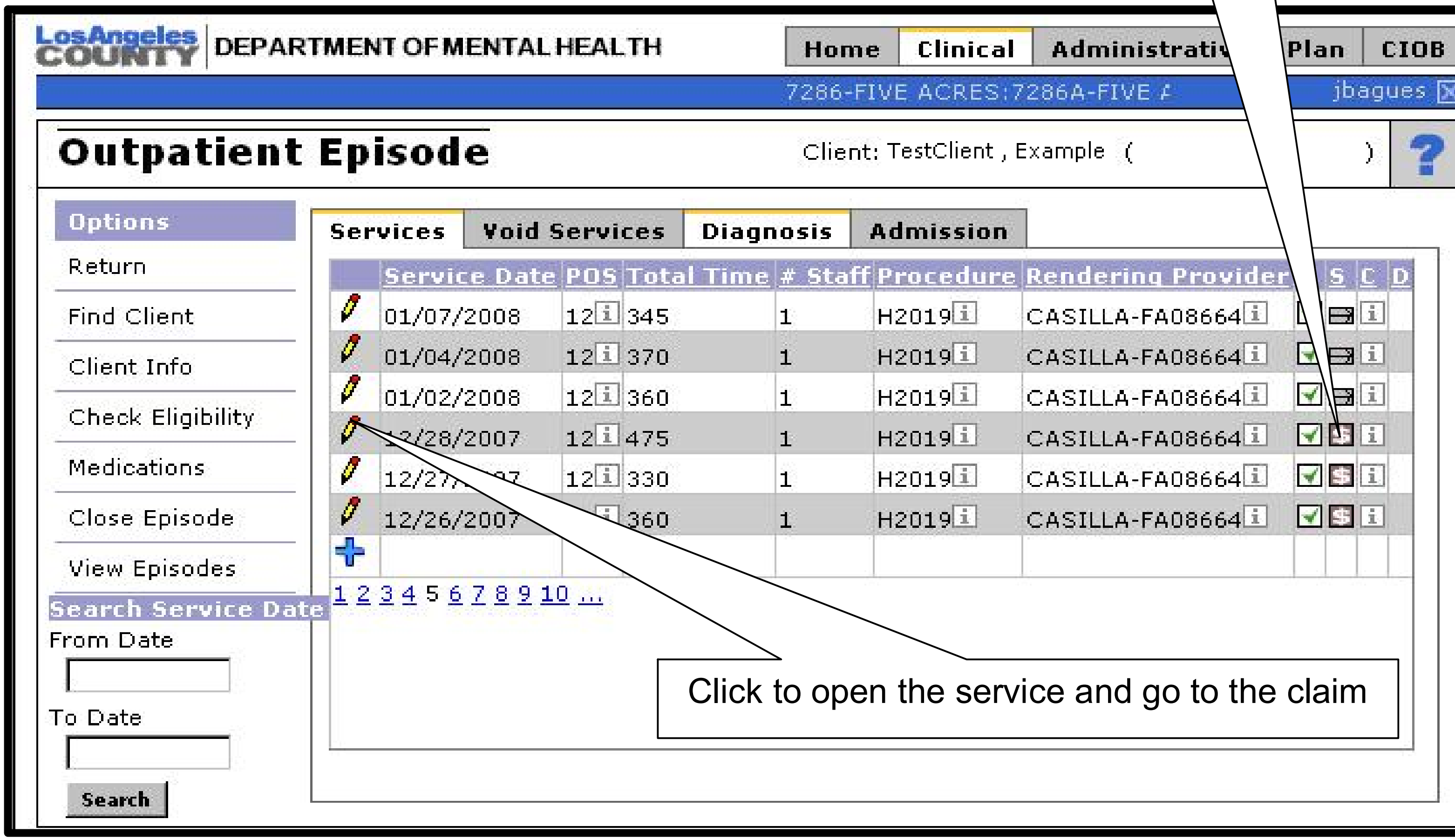


Void Claims - Short-Doyle II



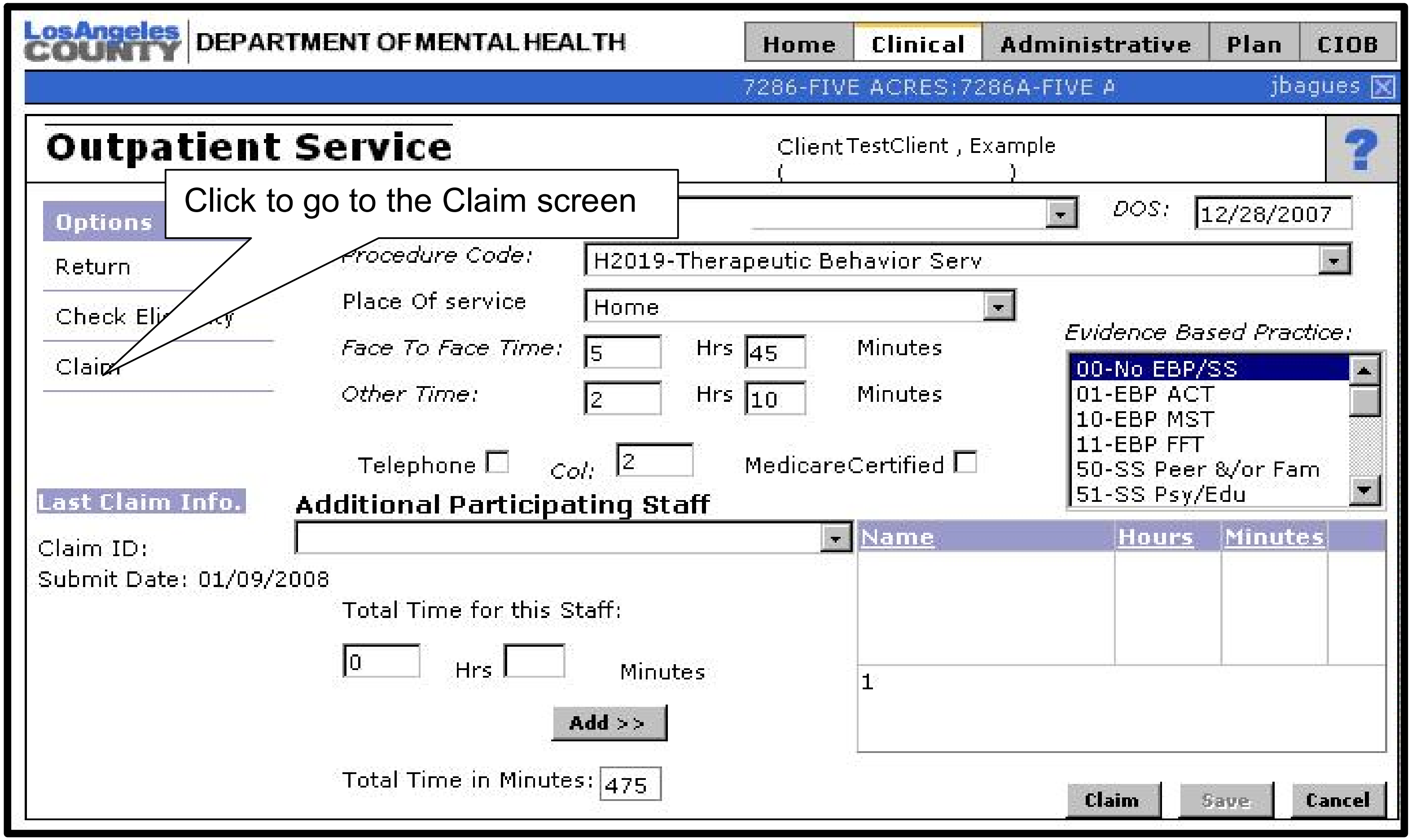
Resubmits

This means the claim is denied and can be resubmitted.



Click to open the service and go to the claim

Resubmits


LosAngeles COUNTY
DEPARTMENT OF MENTAL HEALTH
Home
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Plan
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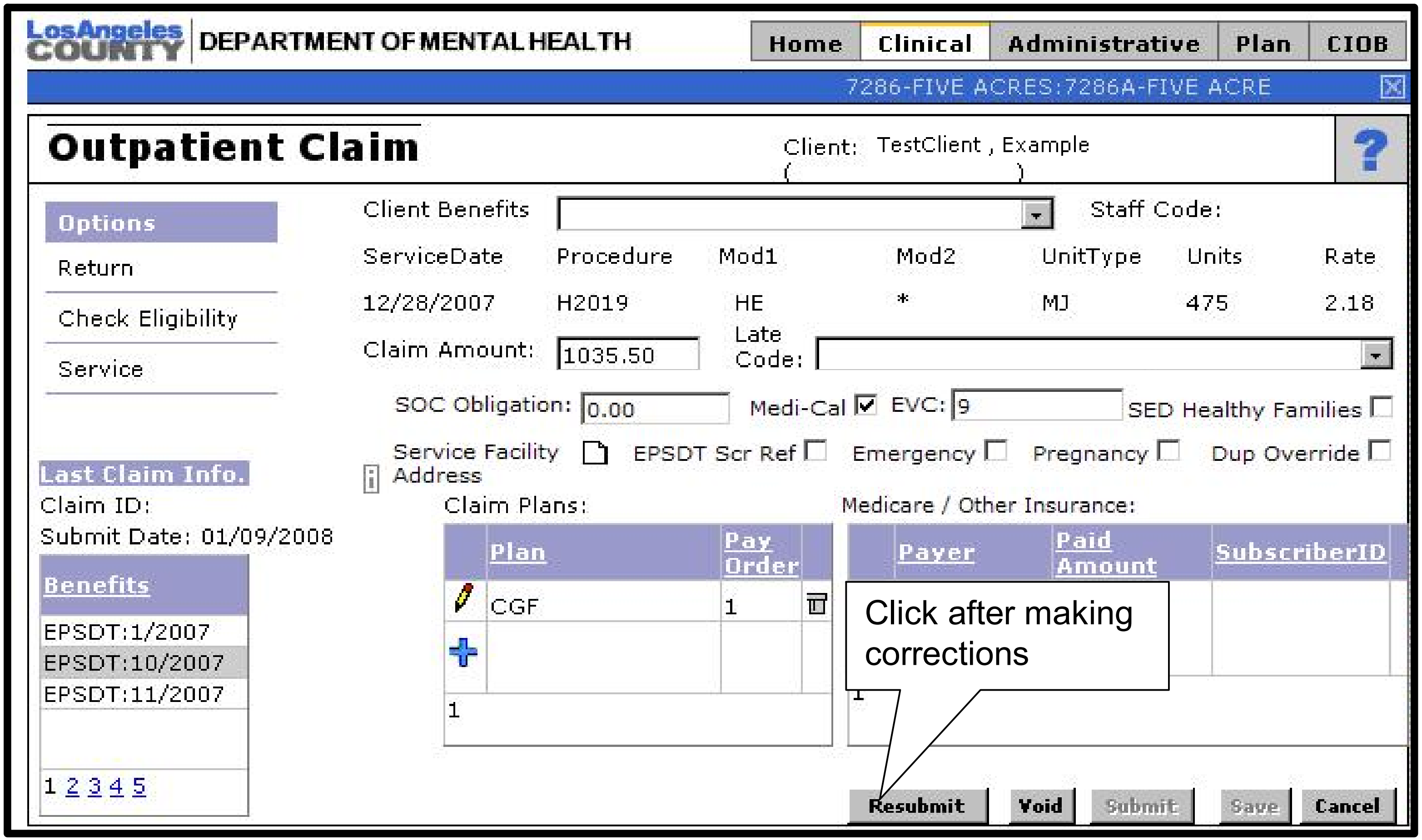
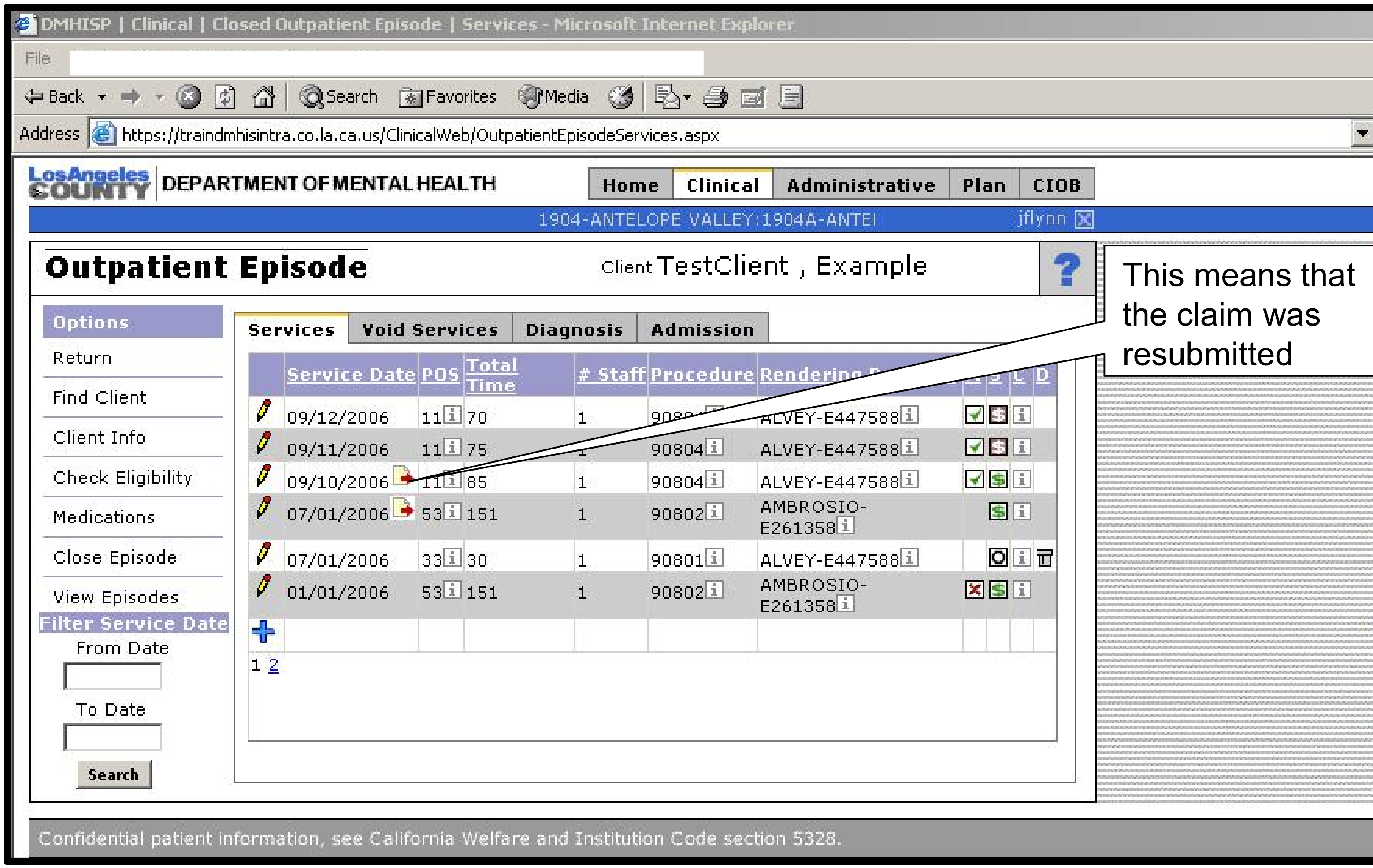
7286-FIVE ACRES:7286A-FIVE A
jbagues
Outpatient Service
Client TestClient , Example
Click to go to the Claim screen
Options
Return
Check Eli
Claim
DOS:
12/28/2007
Procedure Code:
H2019-Therapeutic Behavior Serv
Place Of service
Home
Face To Face Time:
5
Hrs
45
Minutes
Other Time:
2
Hrs
10
Minutes
Evidence Based Practice:
00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
50-SS Peer &/or Fam
51-SS Psy/Edu
Telephone
Col:
2
MedicareCertified
Last Claim Info.
Claim ID:
Submit Date: 01/09/2008
Additional Participating Staff
Name
Hours
Minutes
Total Time for this Staff:
0
Hrs
Minutes
Add >>
1
Total Time in Minutes:
475
Claim
Save
Cancel

Resubmits


LosAngeles COUNTY
DEPARTMENT OF MENTAL HEALTH
Home
Clinical
Administrative
Plan
CIOB
7286-FIVE ACRES:7286A-FIVE ACRE
Outpatient Claim
Client: TestClient , Example
( )
Options
Return
Check Eligibility
Service
Last Claim Info.
Claim ID:
Submit Date: 01/09/2008
Benefits
EPSDT:1/2007
EPSDT:10/2007
EPSDT:11/2007
1 2 3 4 5
Client Benefits
Staff Code:
ServiceDate
Procedure
Mod1
Mod2
UnitType
Units
Rate
12/28/2007
H2019
HE
*
MJ
475
2.18
Claim Amount:
1035.50
Late Code:
SOC Obligation:
0.00
Medi-Cal
EVC:
9
SED Healthy Families
Service Facility Address
EPSDT Scr Ref
Emergency
Pregnancy
Dup Override
Claim Plans:
Plan
Pay Order
CGF
1
1
Medicare / Other Insurance:
Payer
Paid Amount
SubscriberID
1
Click after making corrections
Resubmit
Void
Submit
Save
Cancel

Resubmits



DMHISP | Clinical | Closed Outpatient Episode | Services - Microsoft Internet Explorer
File
Back
Search
Favorites
Media
Address
https://traindmhisintra.co.la.ca.us/ClinicalWeb/OutpatientEpisodeServices.aspx
Los Angeles County
DEPARTMENT OF MENTAL HEALTH
Home
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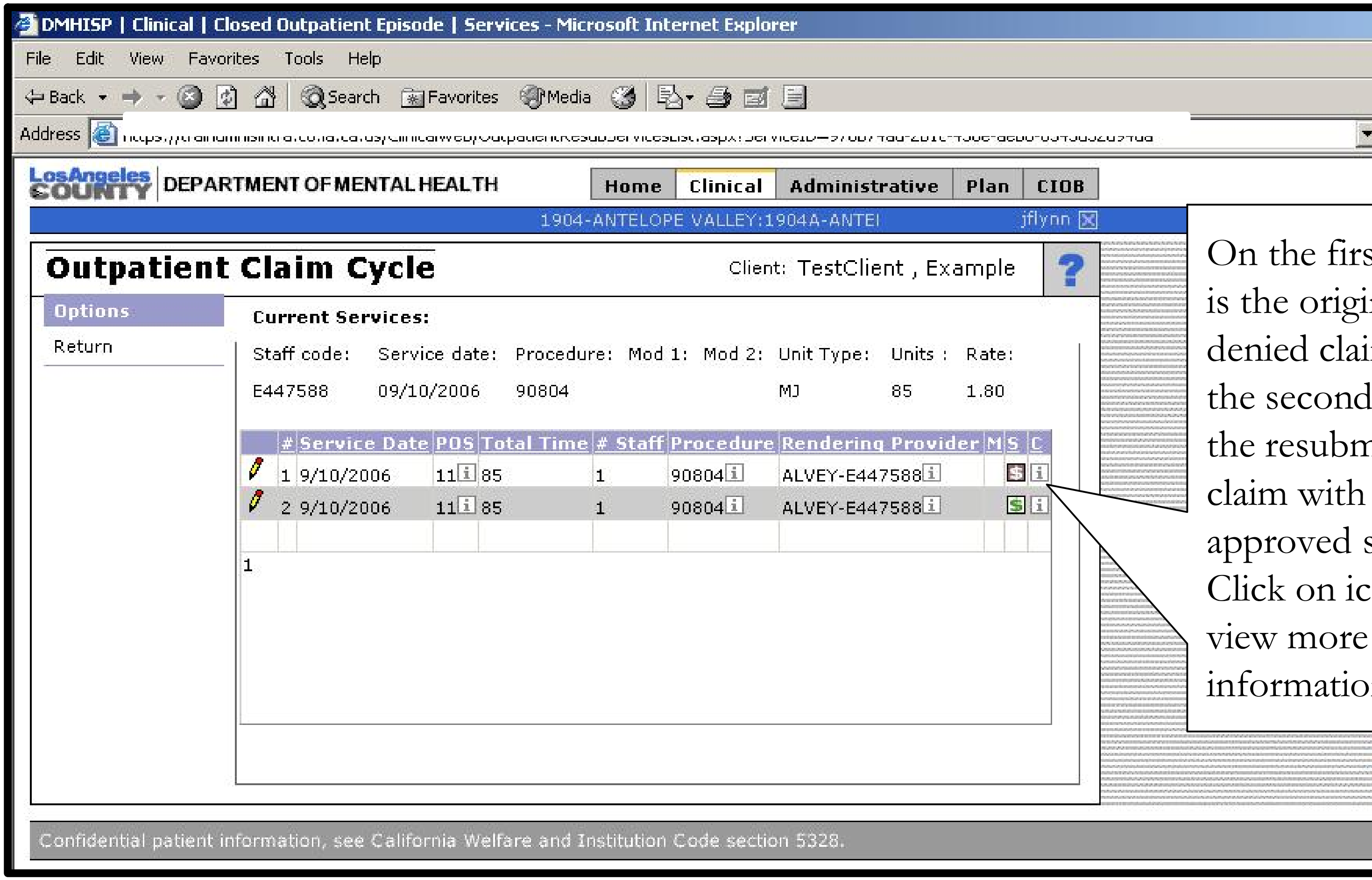
jflynn
Outpatient Episode
Client TestClient , Example
Options
Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes
Filter Service Date
From Date
To Date
Search
Services
Void Services
Diagnosis
Admission
Service Date
POS
Total Time
Staff
Procedure
Rendering
D
09/12/2006 11 70 1 ALVEY-E447588
09/11/2006 11 75 90804 ALVEY-E447588
09/10/2006 11 85 1 90804 ALVEY-E447588
07/01/2006 53 151 1 90802 AMBROSIO-E261358
07/01/2006 33 30 1 90801 ALVEY-E447588
01/01/2006 53 151 1 90802 AMBROSIO-E261358
1 2
This means that the claim was resubmitted
Confidential patient information, see California Welfare and Institution Code section 5328.

Resubmits



On the first line is the original denied claim. On the second line is the resubmitted claim with an approved status. Click on icons to view more information

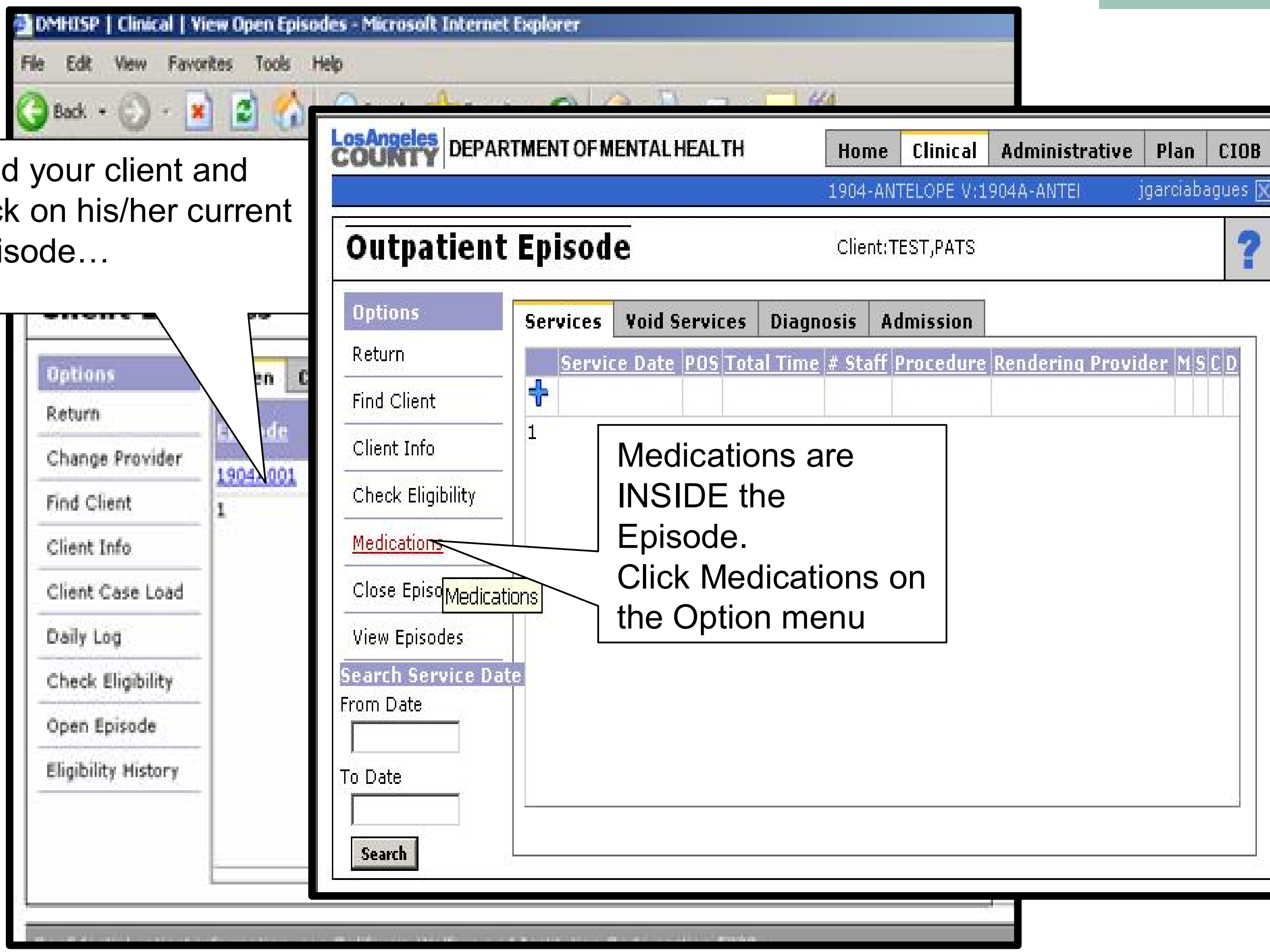
EXERCISE 12

Prescribing Medications:

- Go to the Medications Screen
- Issue an RX Card Number
- Enter Drug Allergies

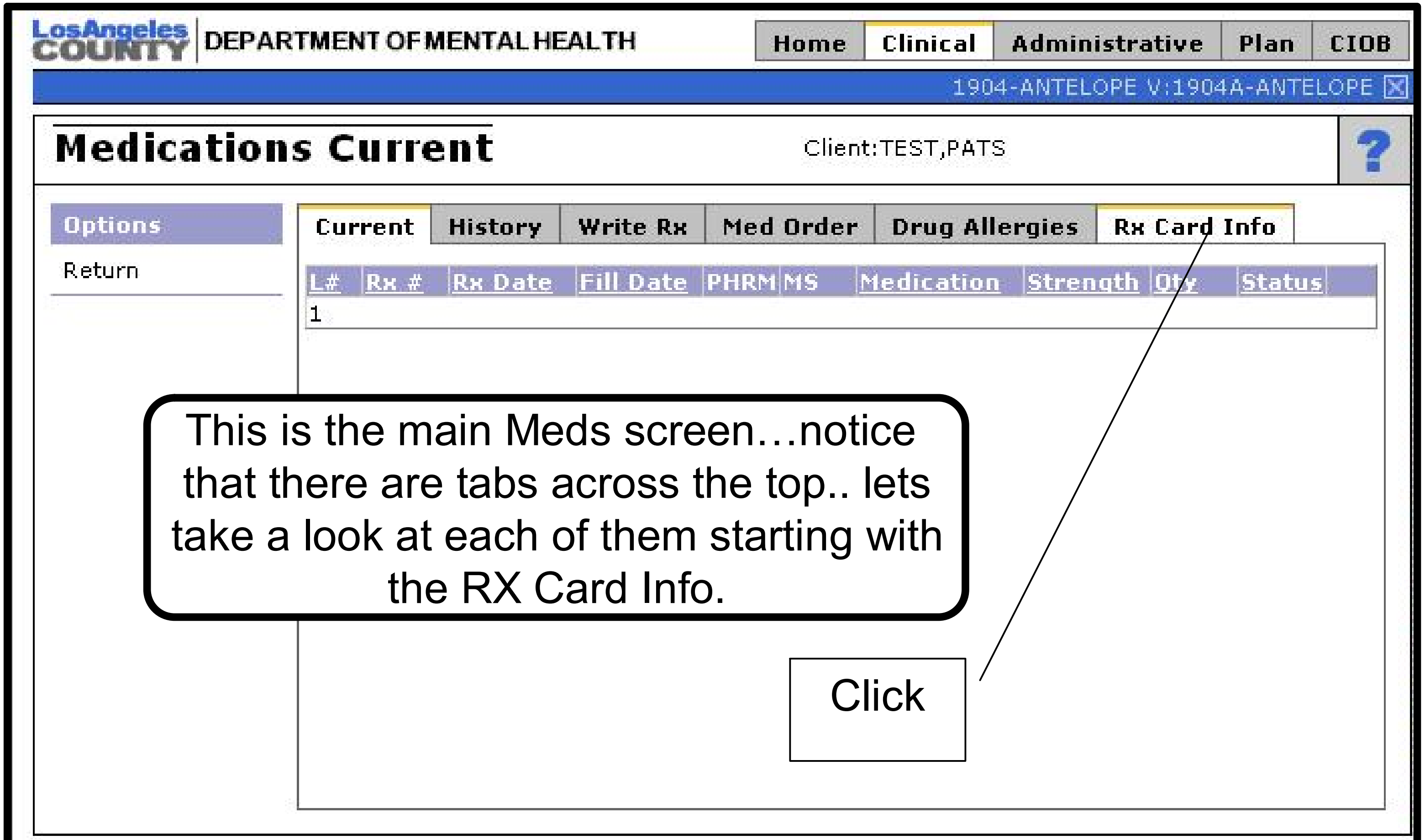
The Medications Screen

Find your client and click on his/her current Episode…



Medications are INSIDE the Episode.
Click Medications on the Option menu

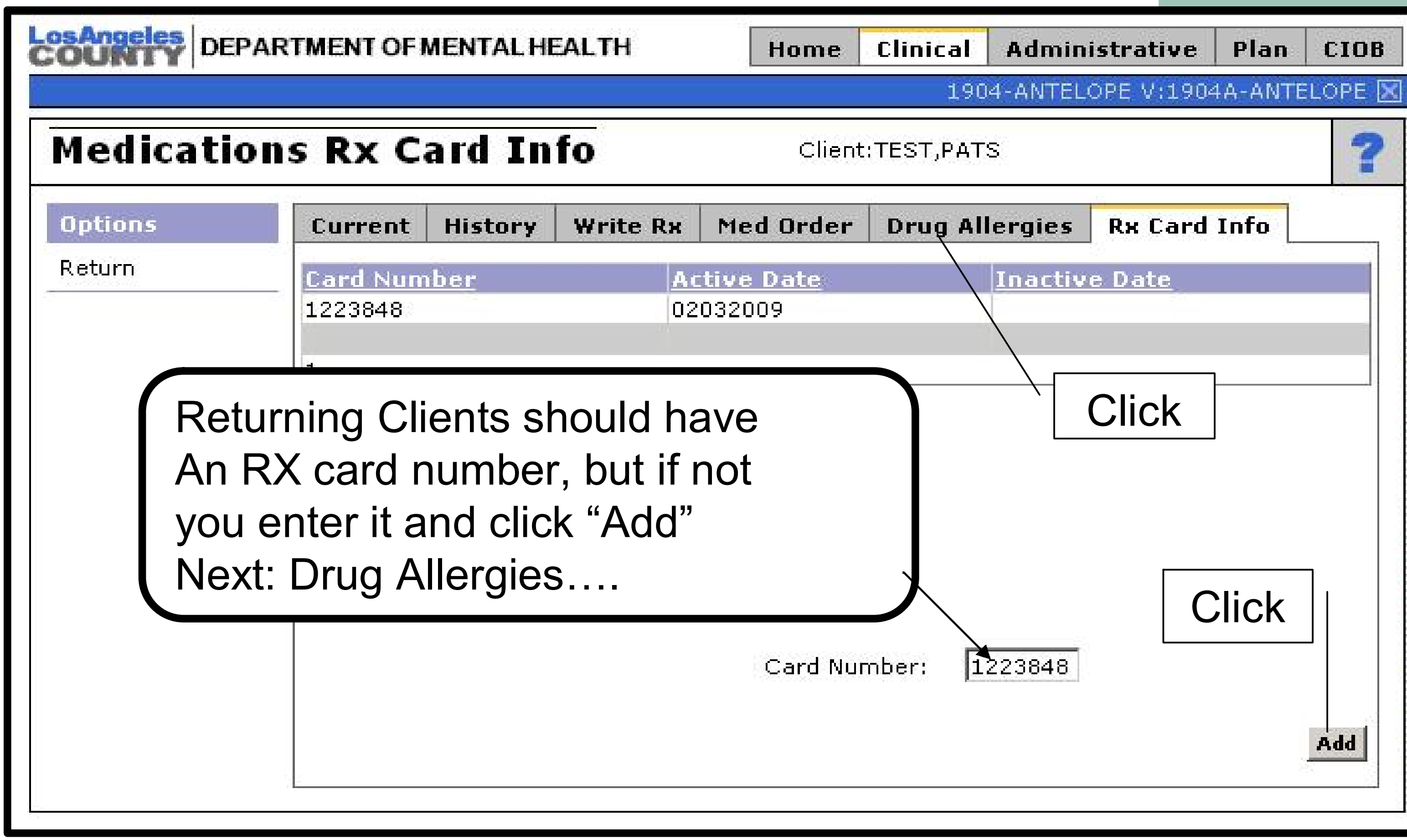
Prescribing Medications



This is the main Meds screen…notice that there are tabs across the top.. lets take a look at each of them starting with the RX Card Info.

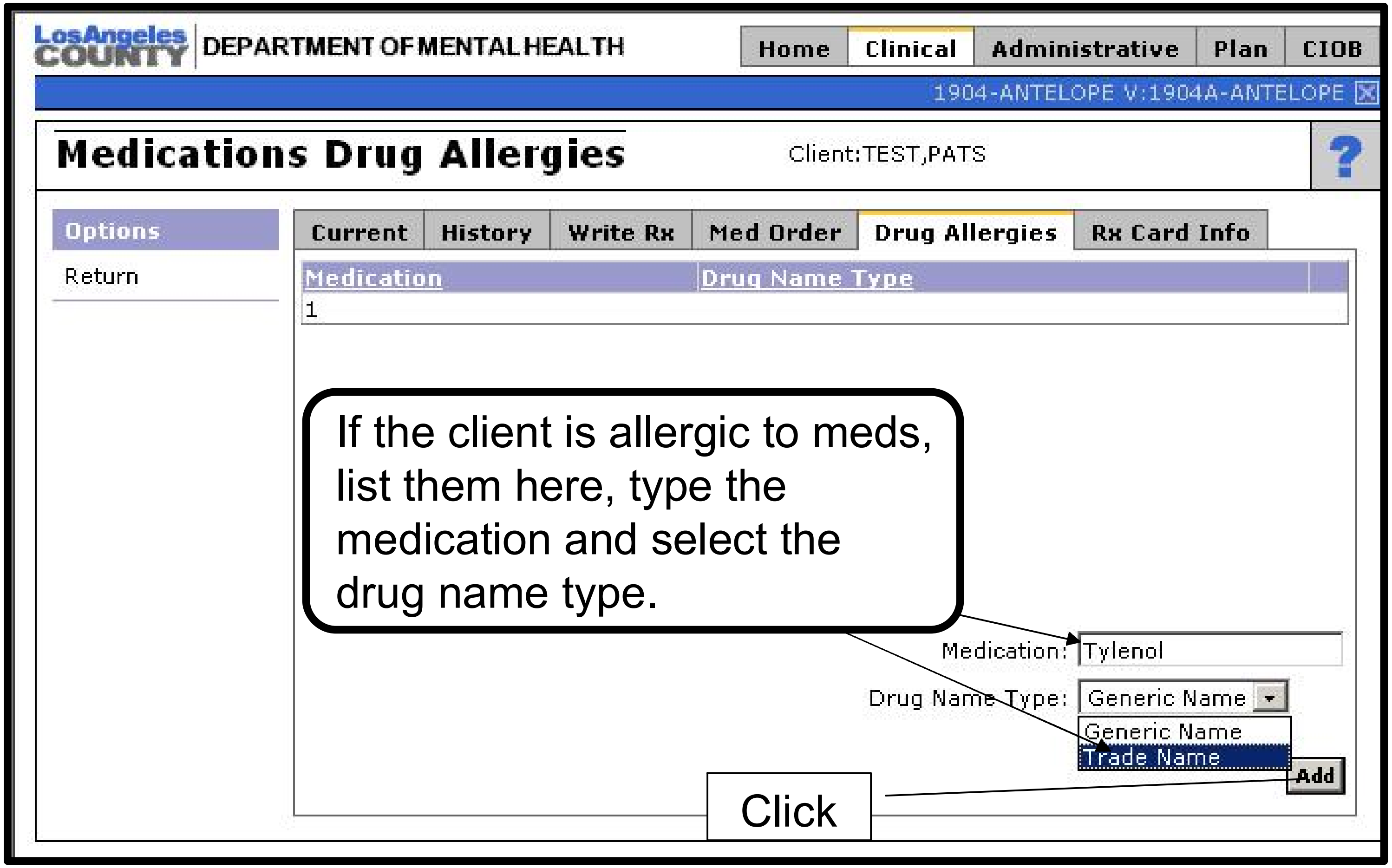
Click

Prescribing Medications: Rx Card

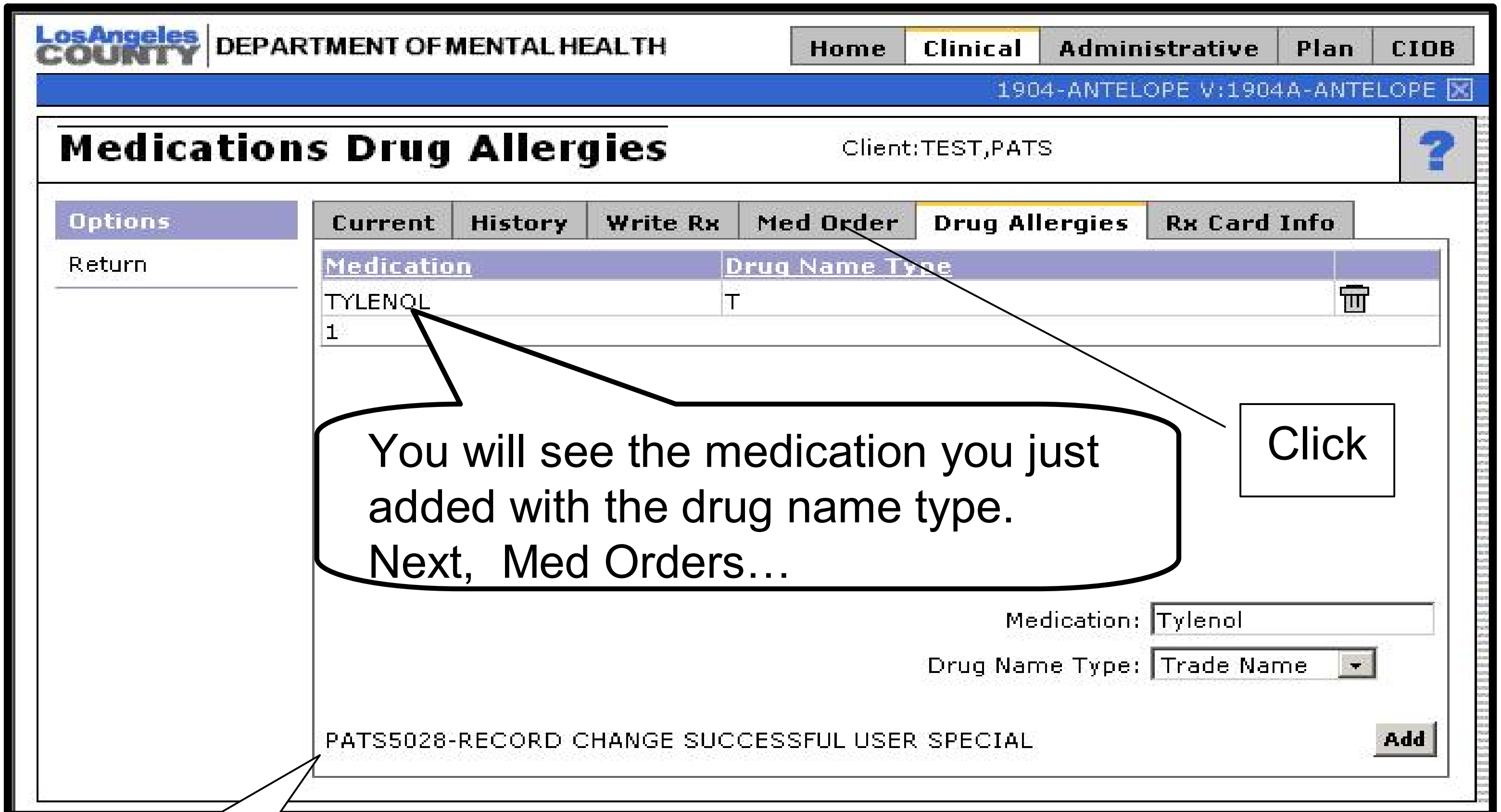


Returning Clients should have
An RX card number, but if not
you enter it and click "Add"
Next: Drug Allergies….

Prescribing Medications: Allergies



Prescribing Medications: Allergies



You will see the medication you just added with the drug name type. Next, Med Orders…

Click

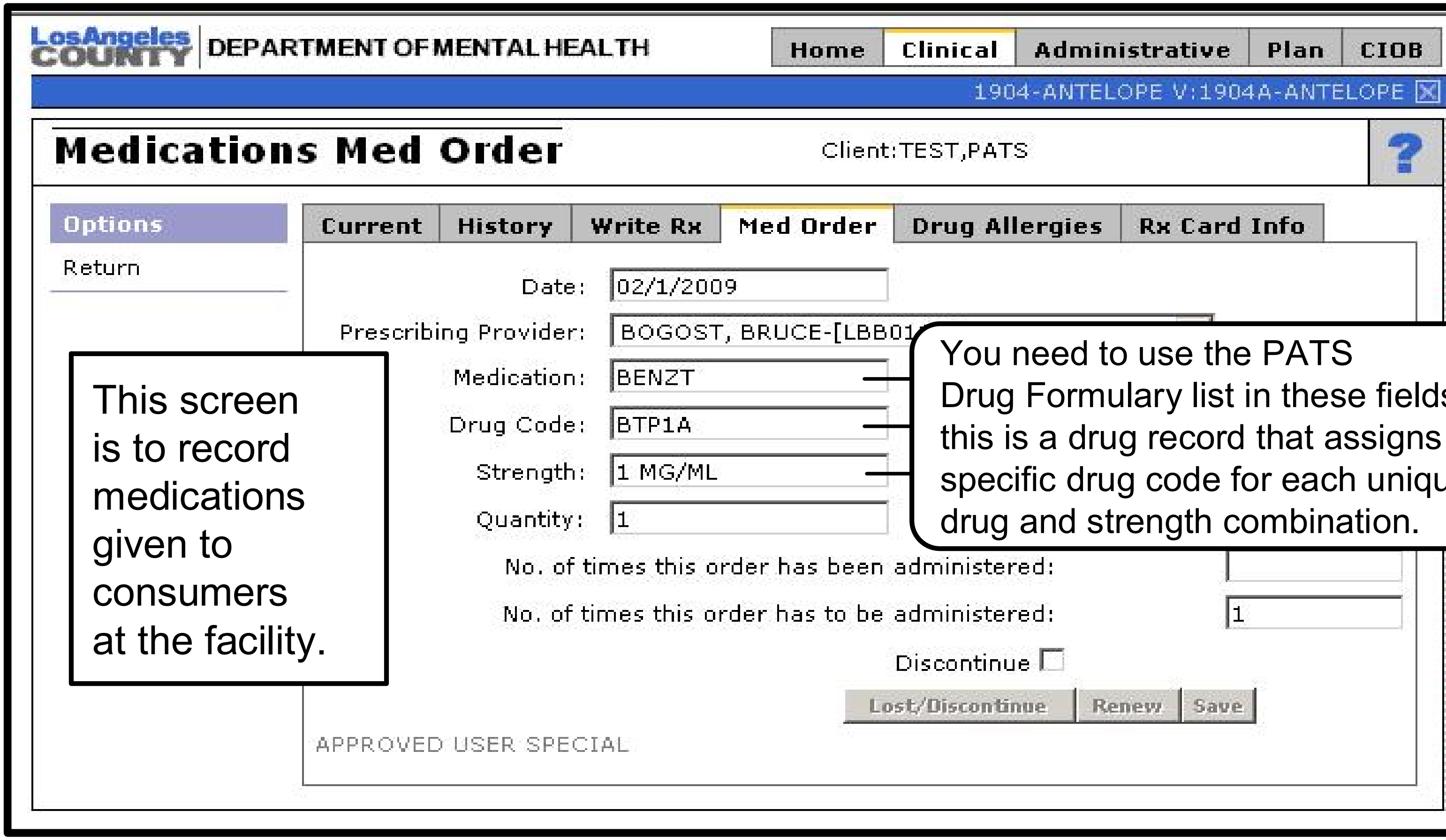
Edit messages are displayed here!

EXERCISE 13

Prescribing Medications:

- Add Medications in Med Order
- Write Rx

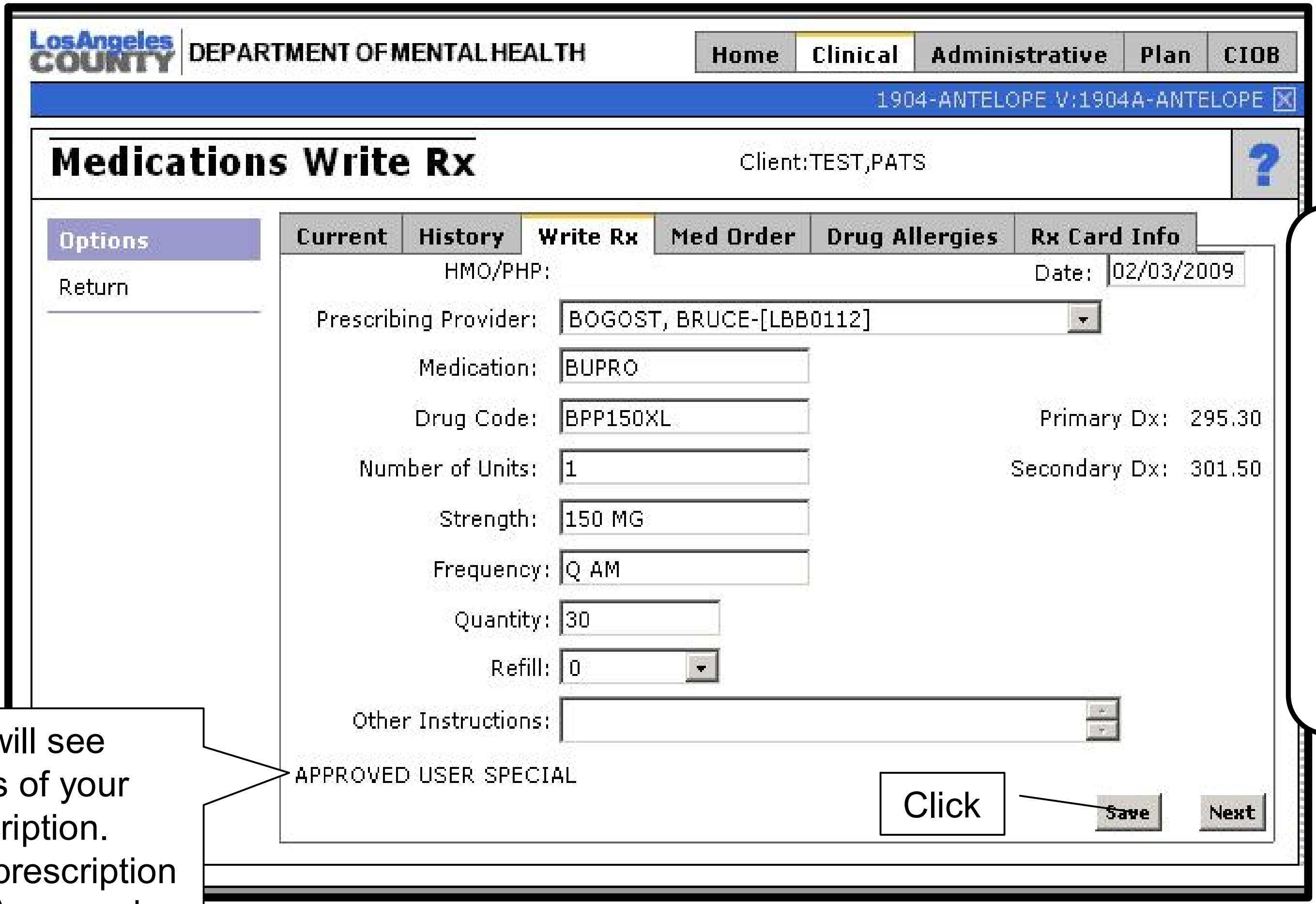
Prescribing Medications: Med Orders



This screen is to record medications given to consumers at the facility.

You need to use the PATS Drug Formulary list in these fields, this is a drug record that assigns specific drug code for each unique drug and strength combination.

Prescribing Medications

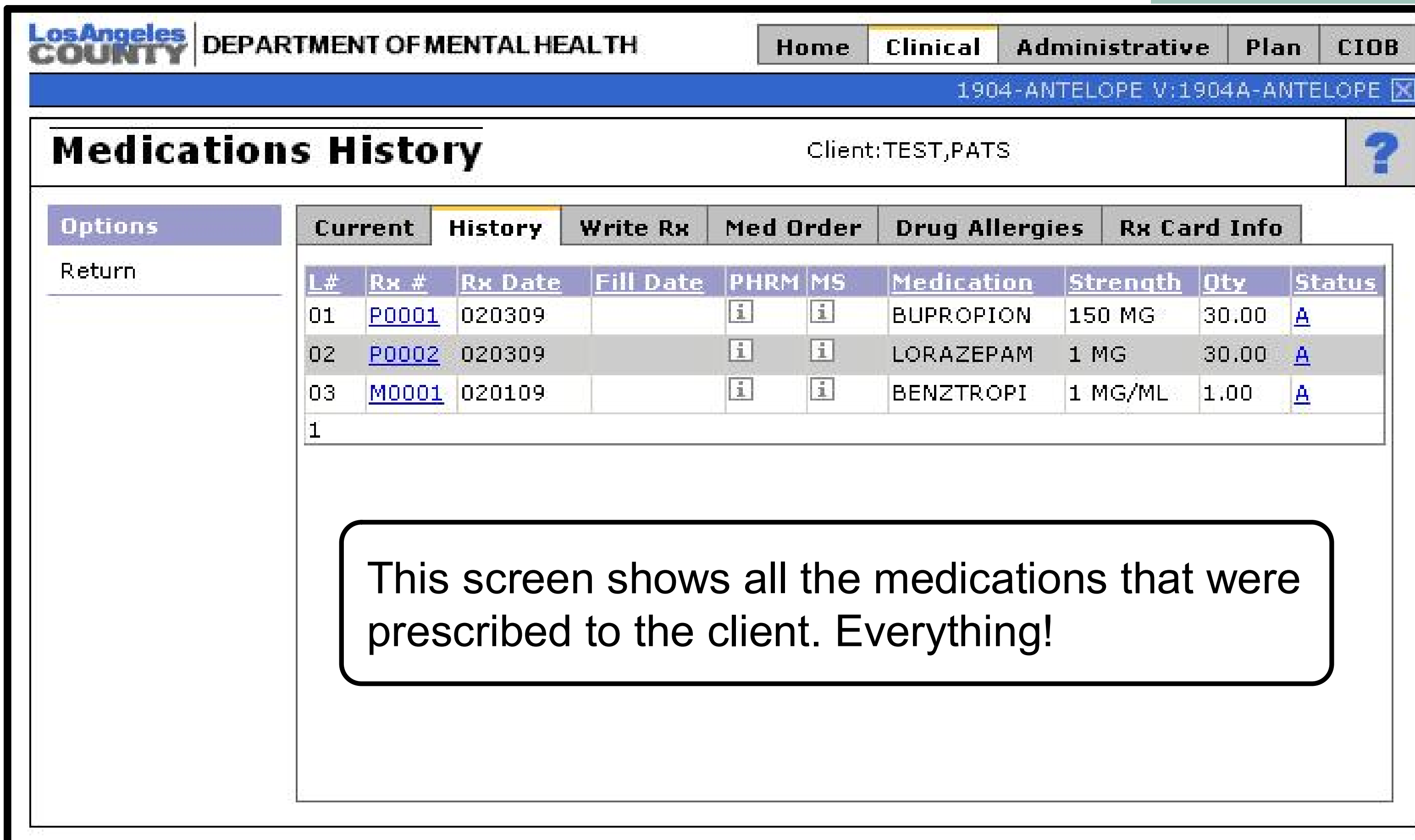


Type in the Prescription. If you entered something under "Frequency" you won't need to enter "Other Instructions". Notice you use the PATS Drug Formulary list.

Click

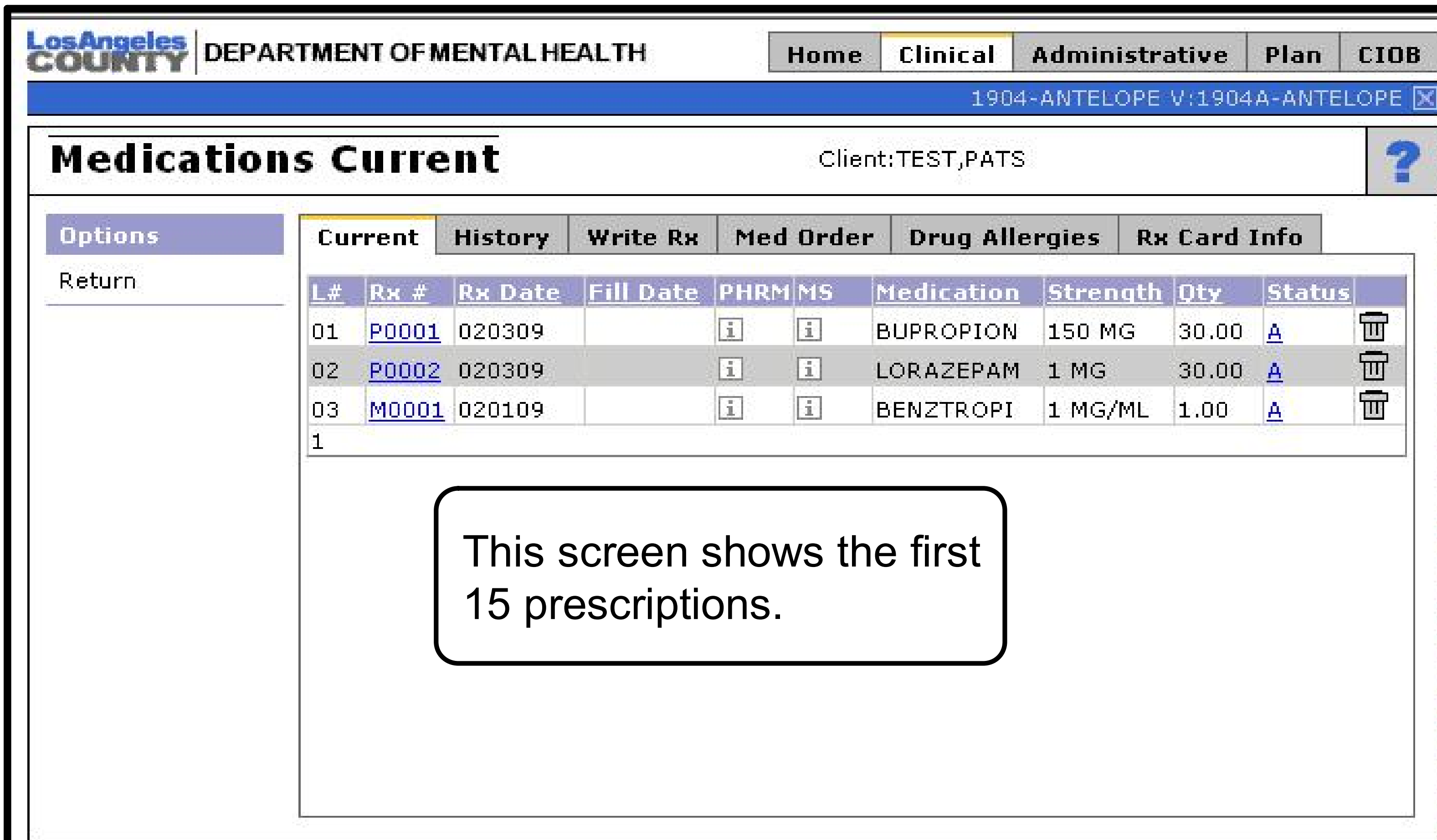
You will see status of your prescription. This prescription was Approved.

Medications History



This screen shows all the medications that were prescribed to the client. Everything!

Medications Current



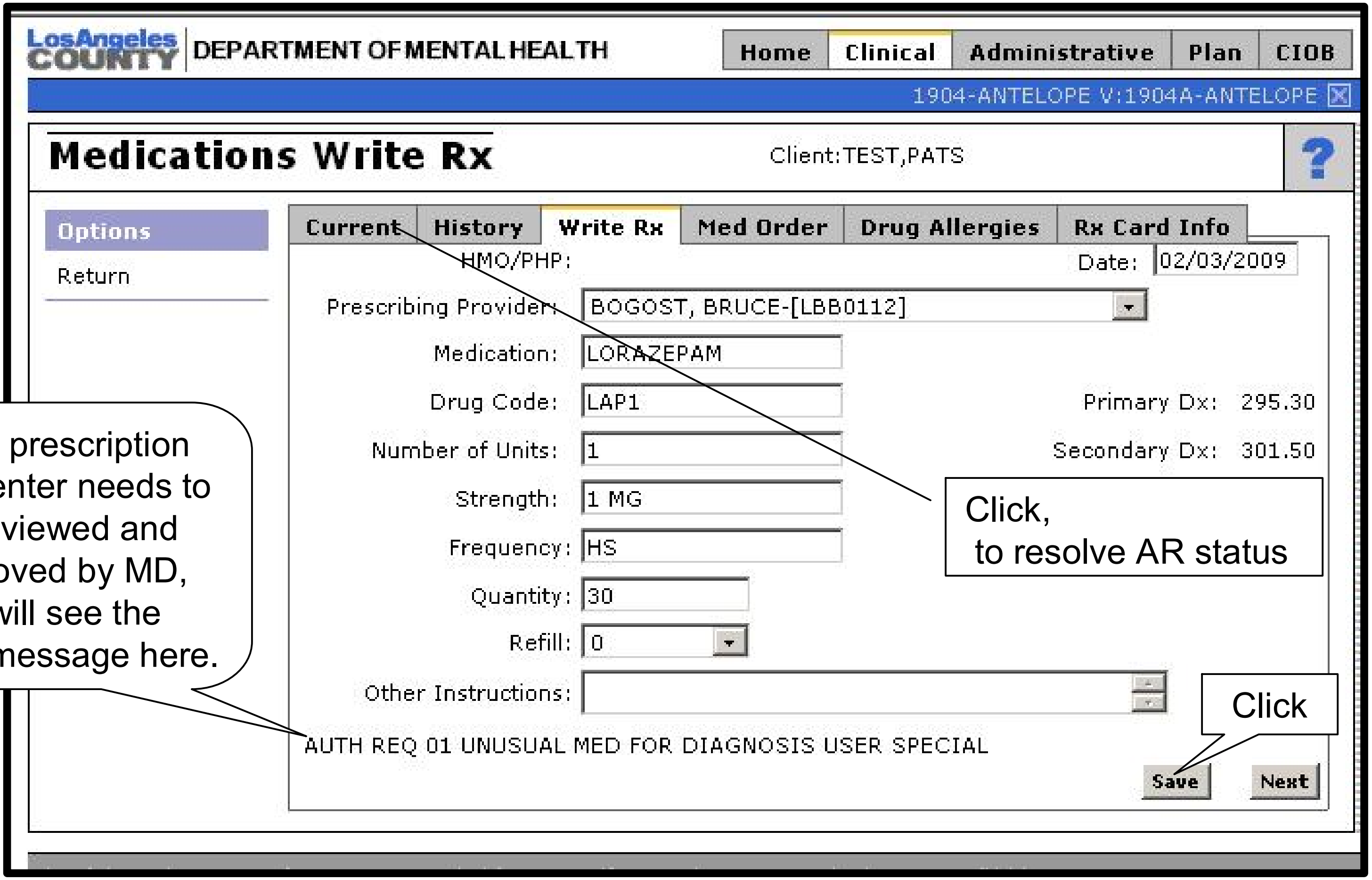
This screen shows the first 15 prescriptions.

EXERCISE 14

Prescribing Medications:

- Resolve an Authorization Required
- Renew/Refill a Prescription

Prescribing Medications

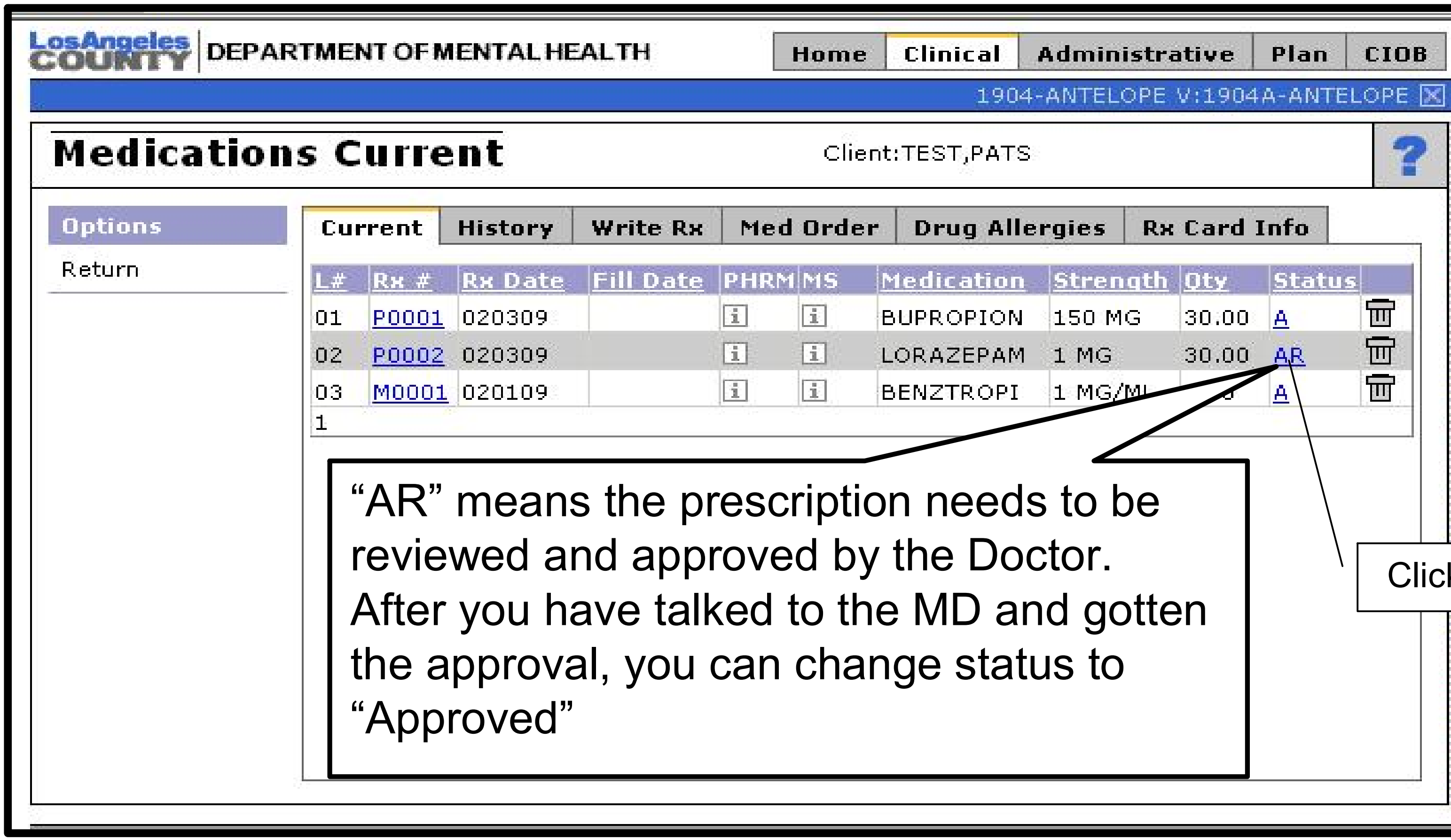


If the prescription you enter needs to be reviewed and approved by MD, you will see the edit message here.

Click, to resolve AR status

Click

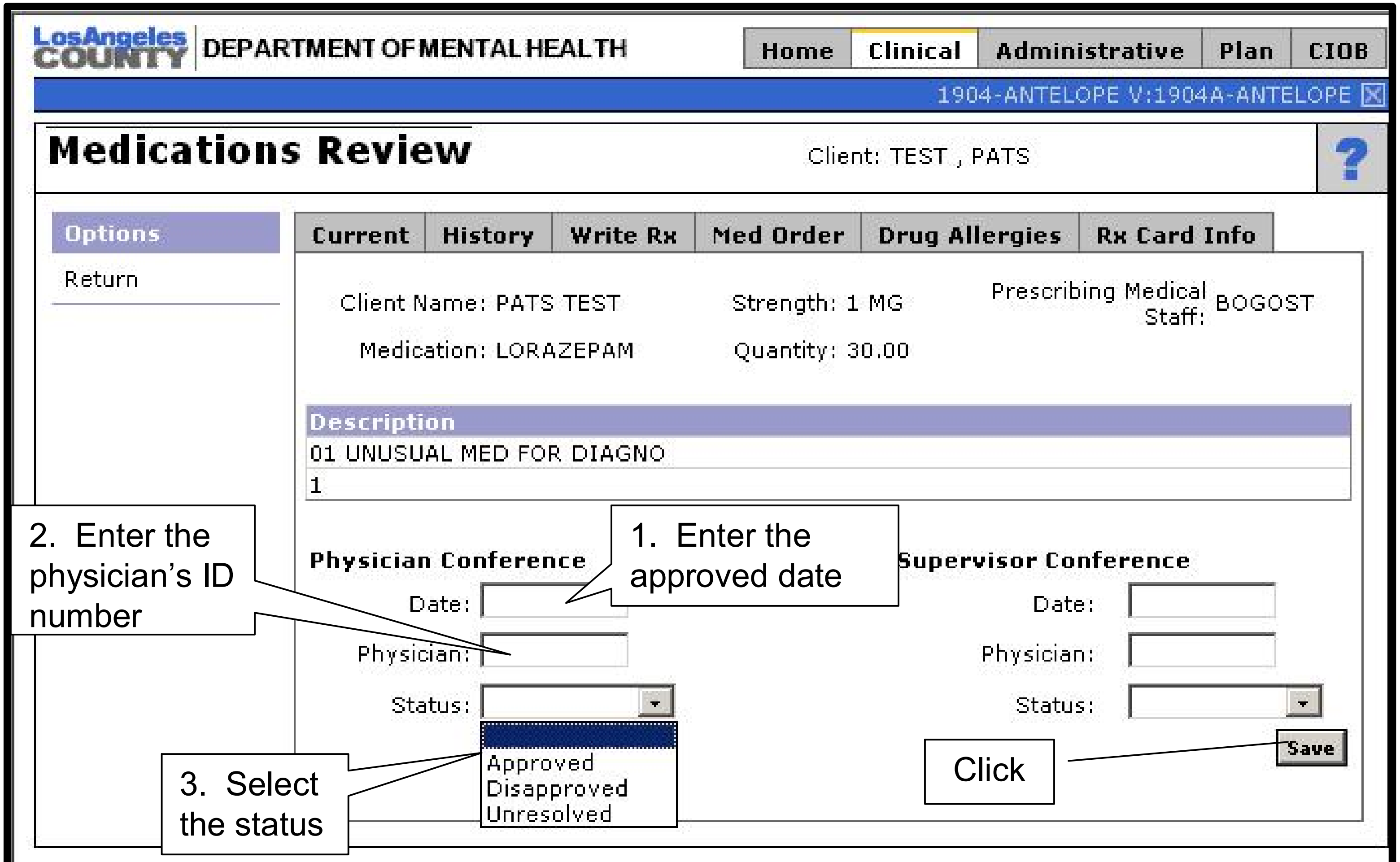
Prescribing Medications: Approval



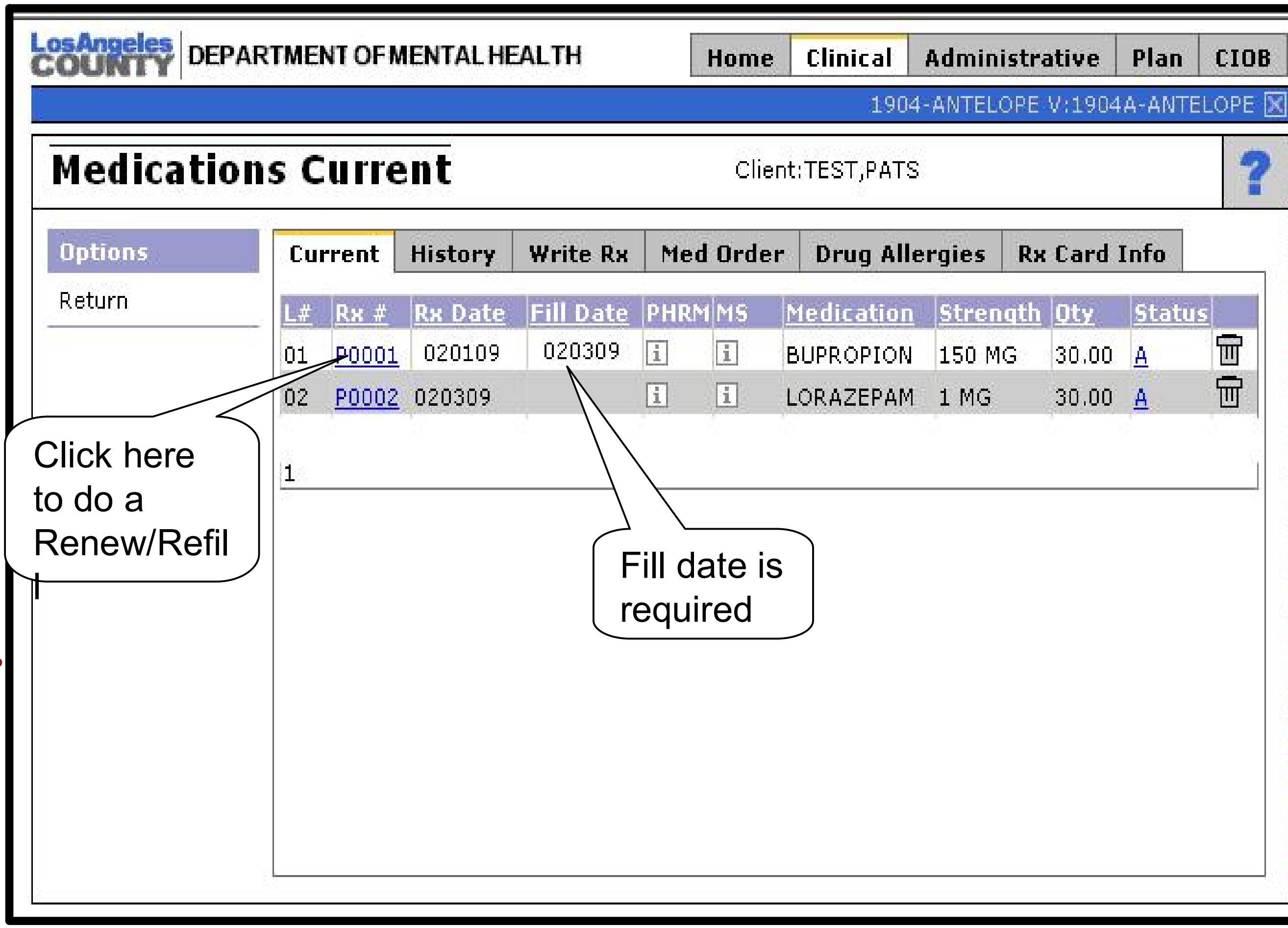
"AR" means the prescription needs to be reviewed and approved by the Doctor. After you have talked to the MD and gotten the approval, you can change status to "Approved"

Click

Prescribing Medications: Approval

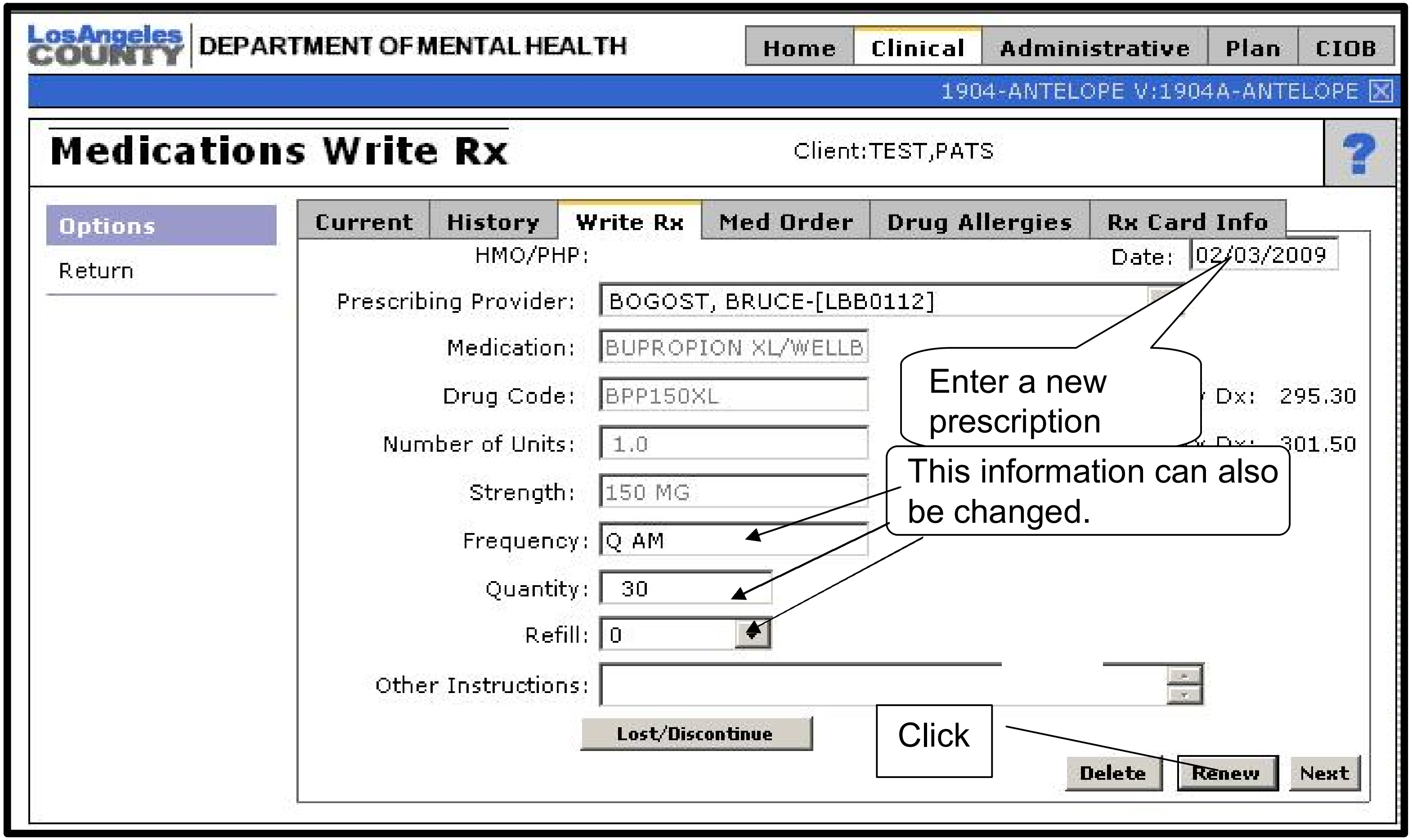


Prescribing Medications: Renew and Refill

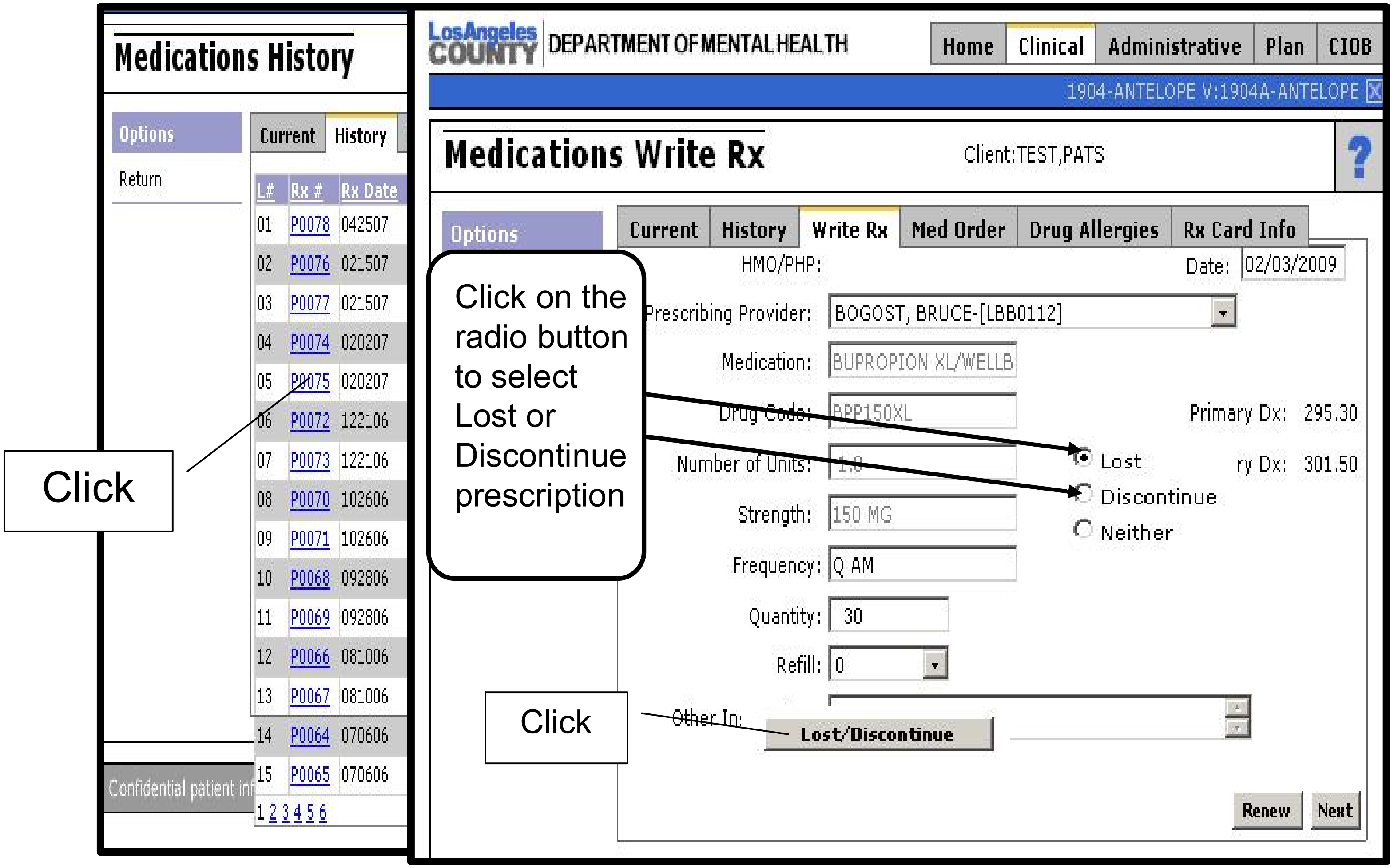


Renew/Refill is a snap: Just click on the prescription number, change the date and other information! Remember the prescription needs to have a fill date in order to do a renew/refill.

Prescribing Medications: Renew and Refill



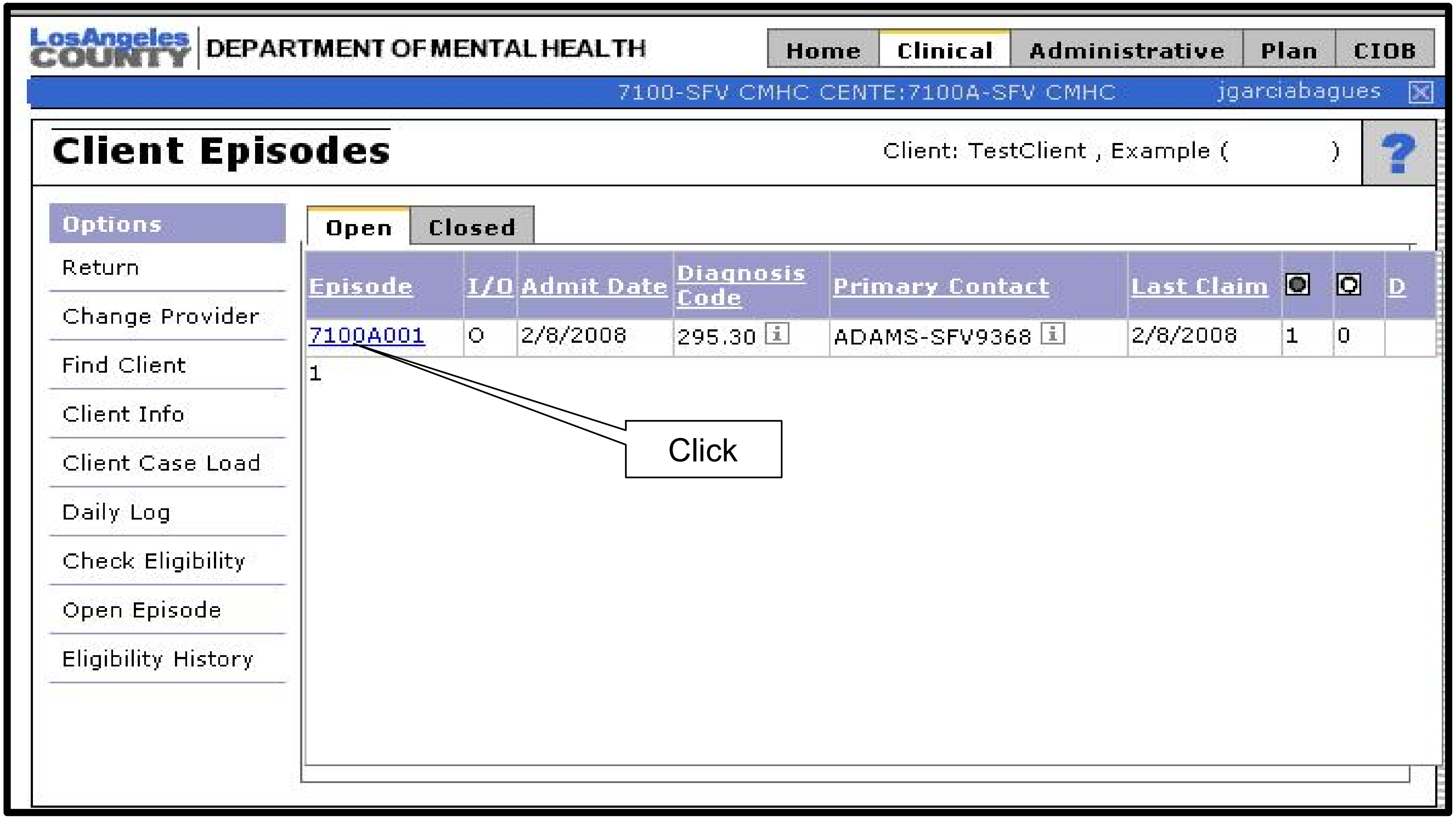
Prescribing Medications- Lost & Discontinue



EXERCISE 15

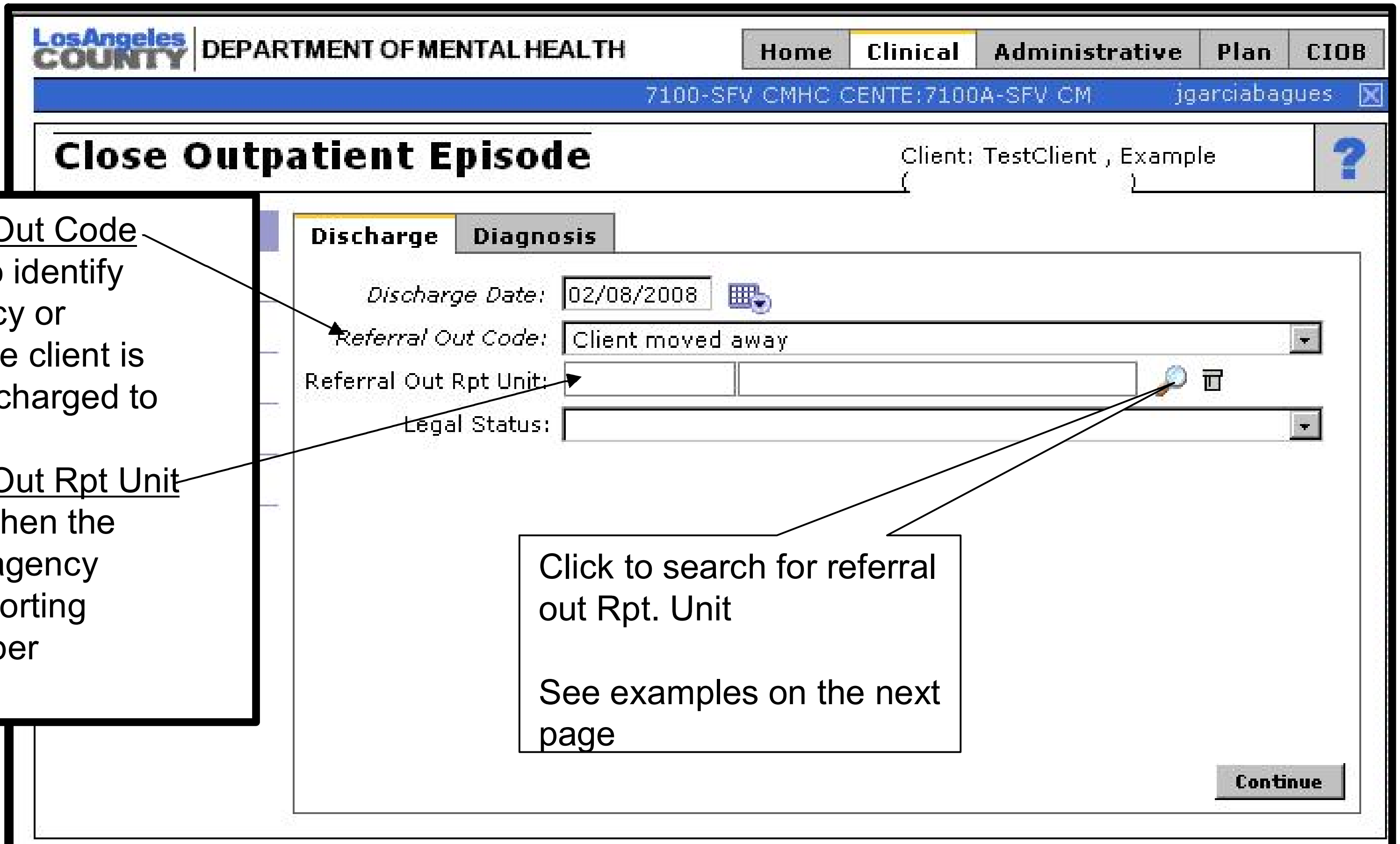
Close an Episode

Close an Episode



Close an Episode

Close an Episode



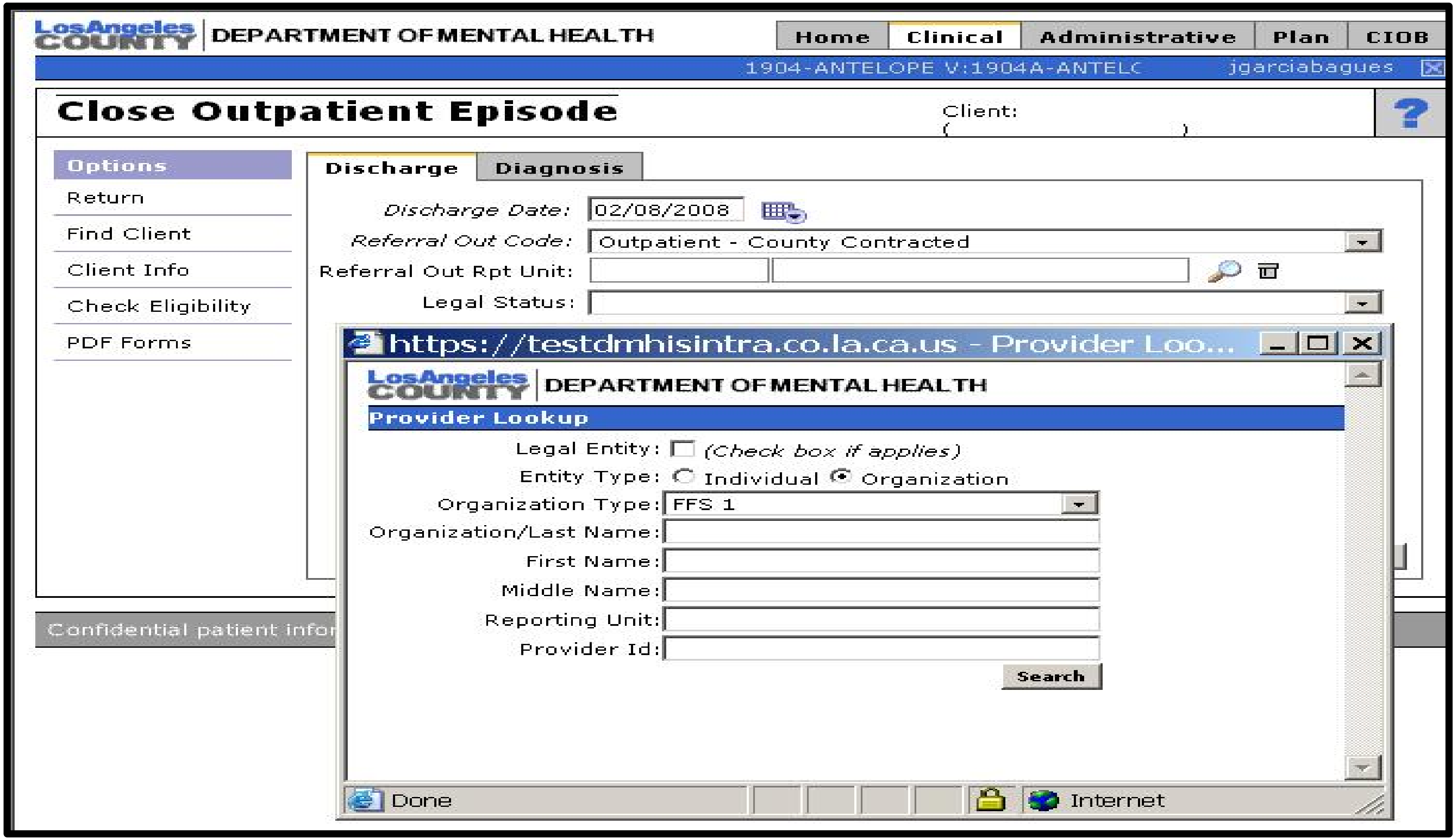
Referral Out Code is used to identify the agency or person the client is being discharged to

Referral Out Rpt Unit is used when the referred agency has a reporting unit number

Click to search for referral out Rpt. Unit

See examples on the next page

Close an Episode

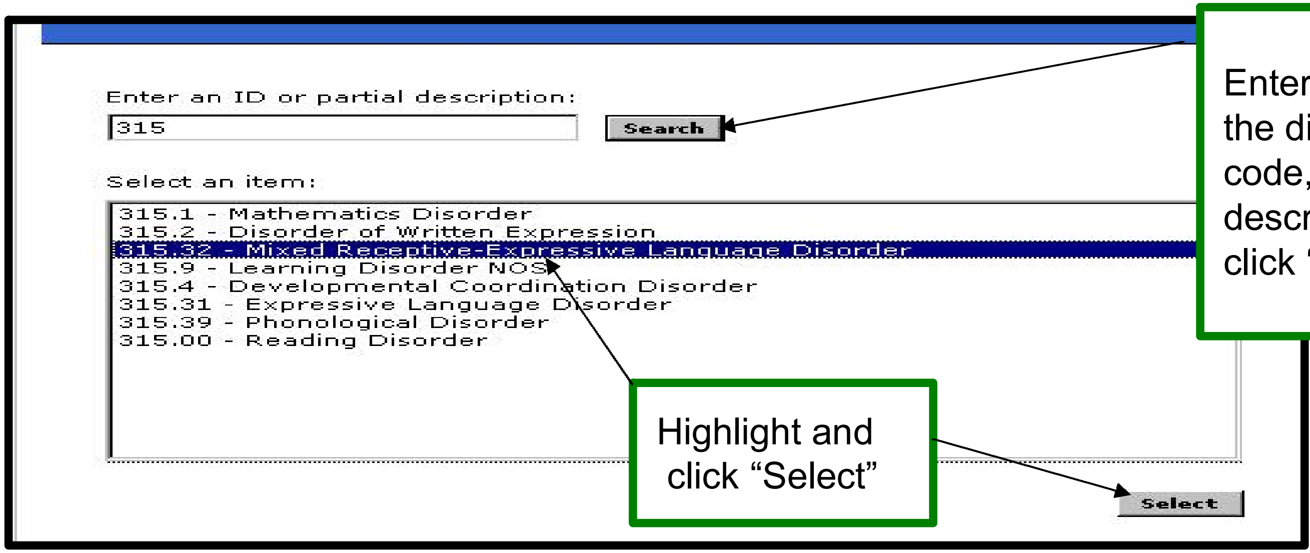


Close an Episode

Click to display the top 20 diagnosis codes

Click to select a diagnosis code not listed

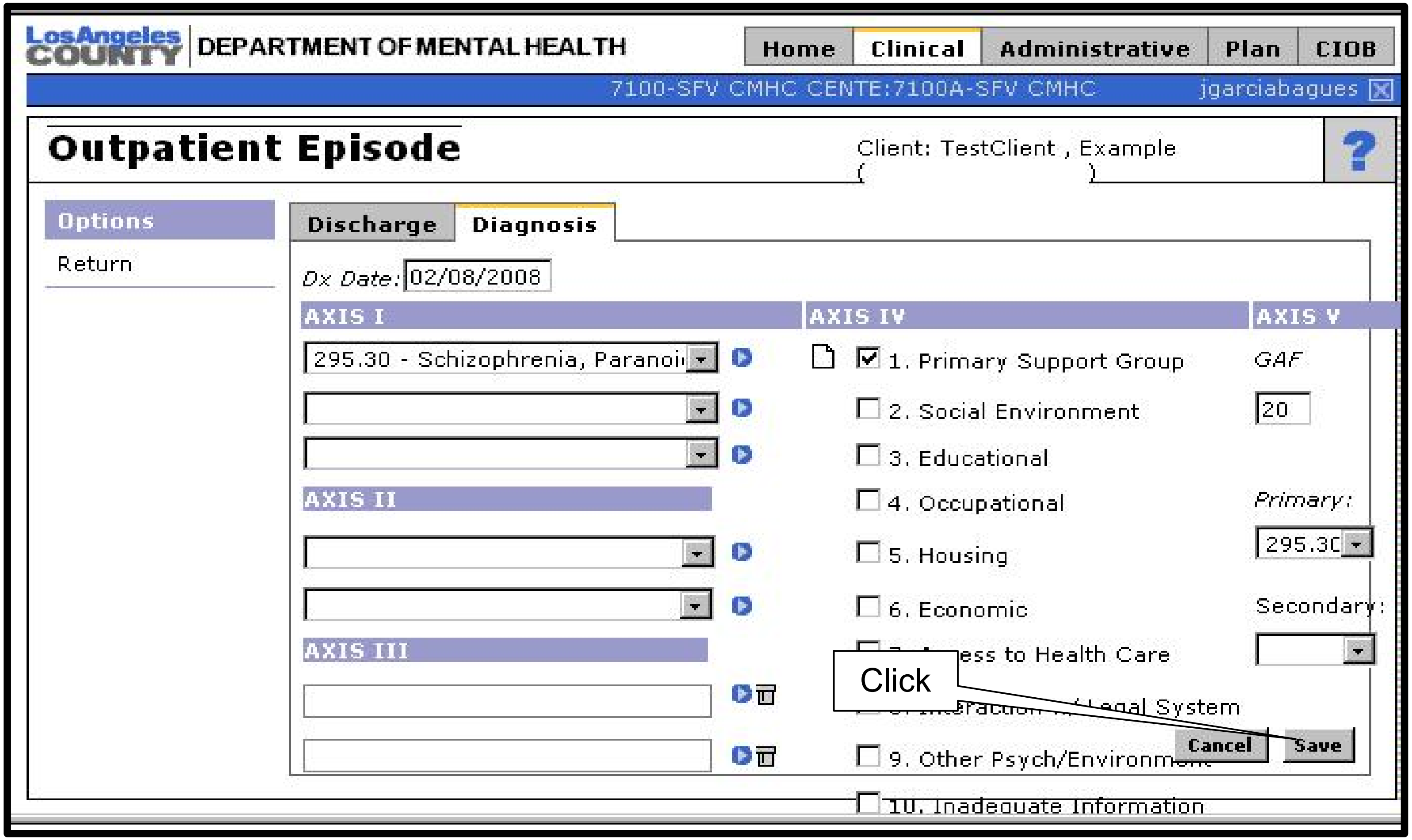
Close an Episode



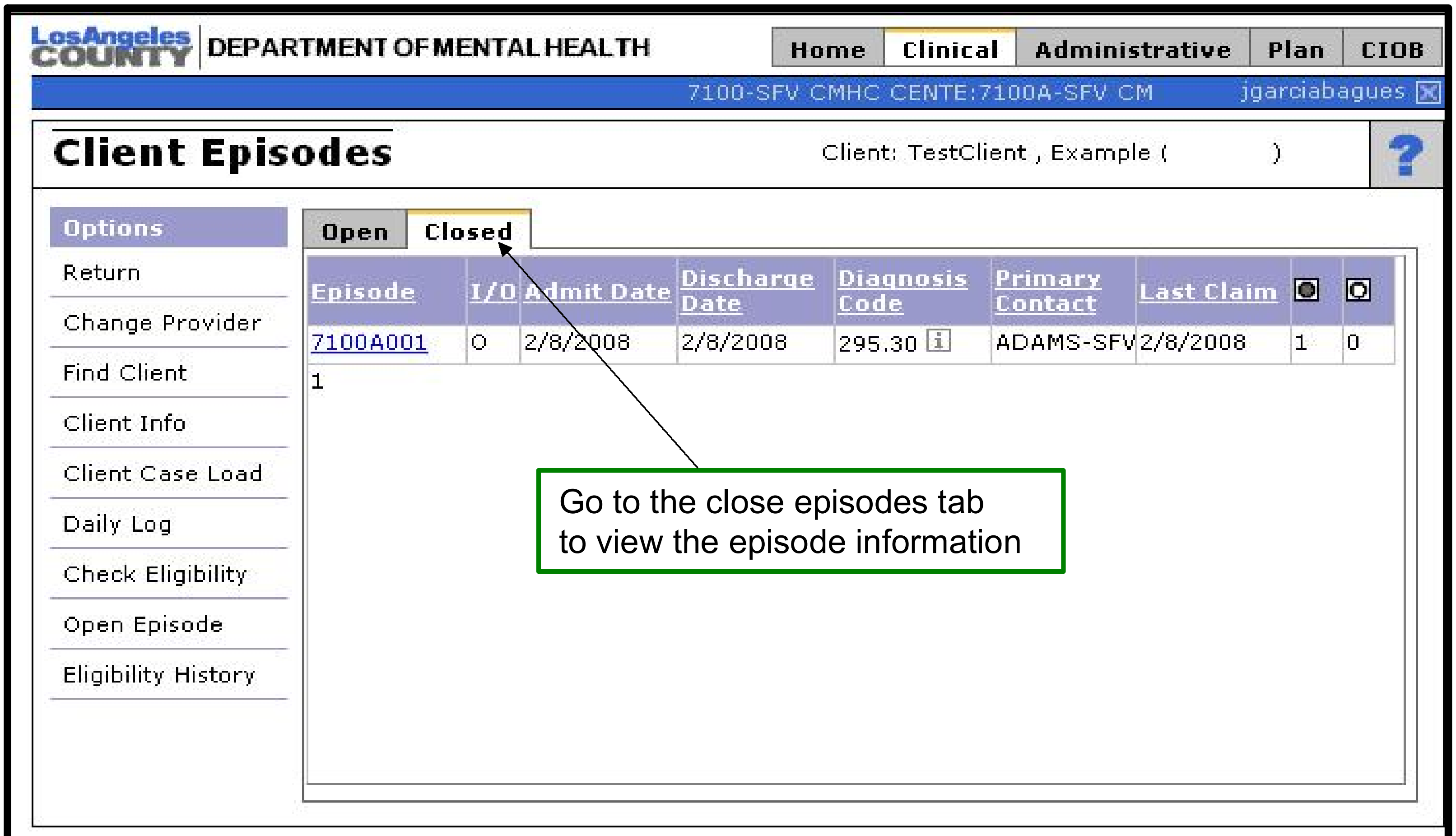
Enter some or all of the digits of a diagnosis code, or part of the description and click “Search”

Highlight and click “Select”

Close an Episode



Close an Episode

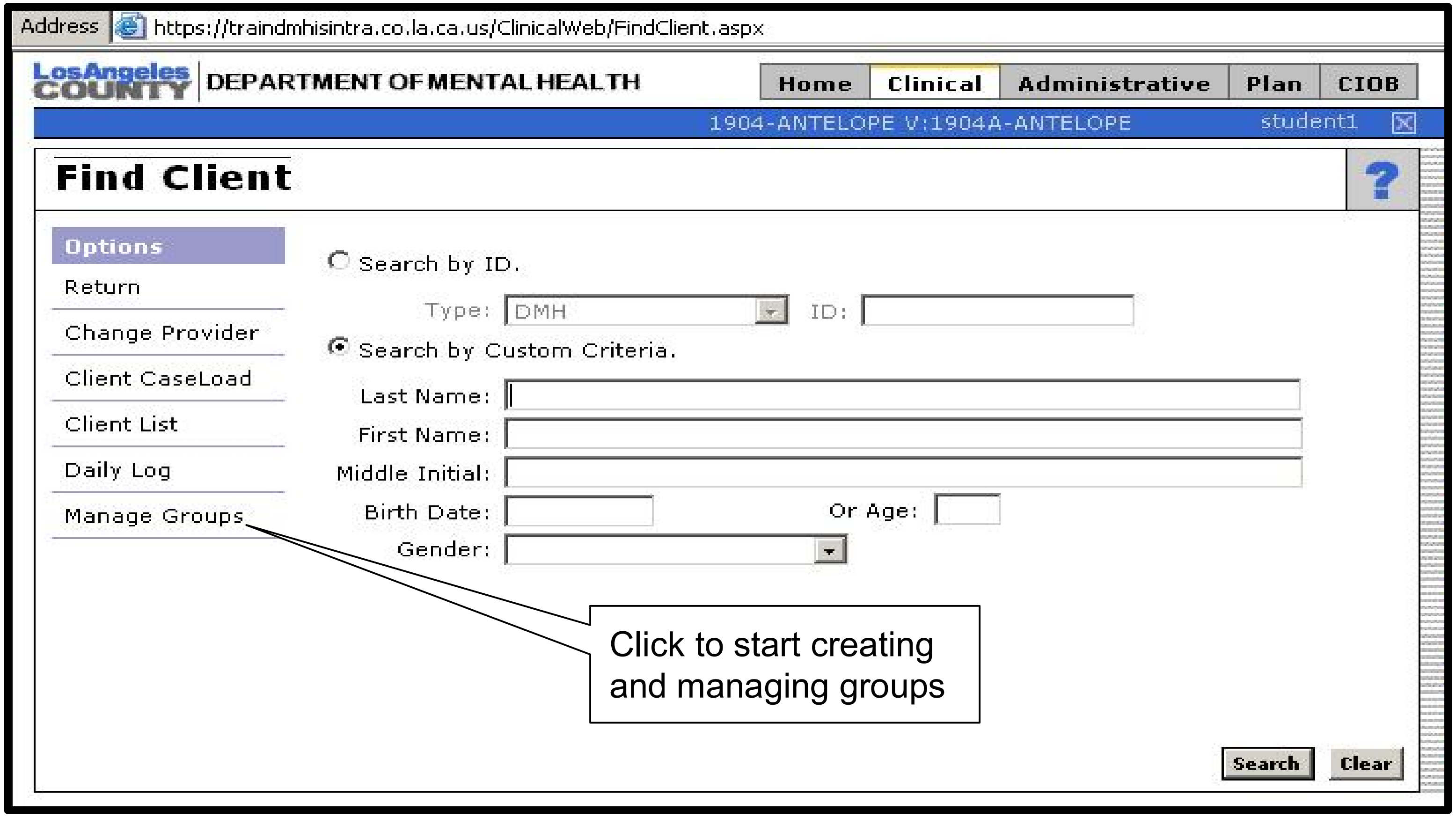


EXERCISE 16

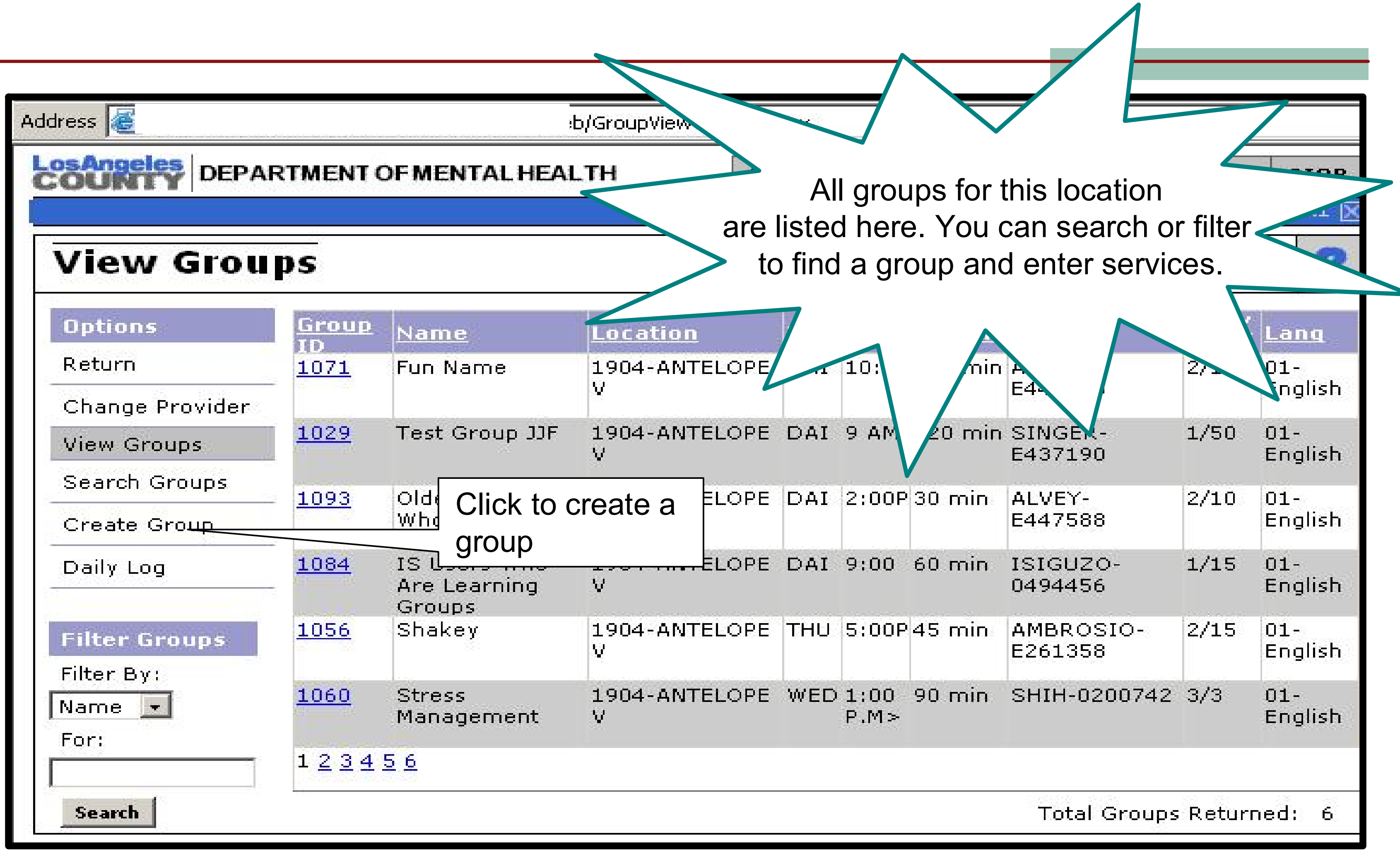
Groups:

- Create a Group
- Add a Session to a Group
- Submit Group Session Billing

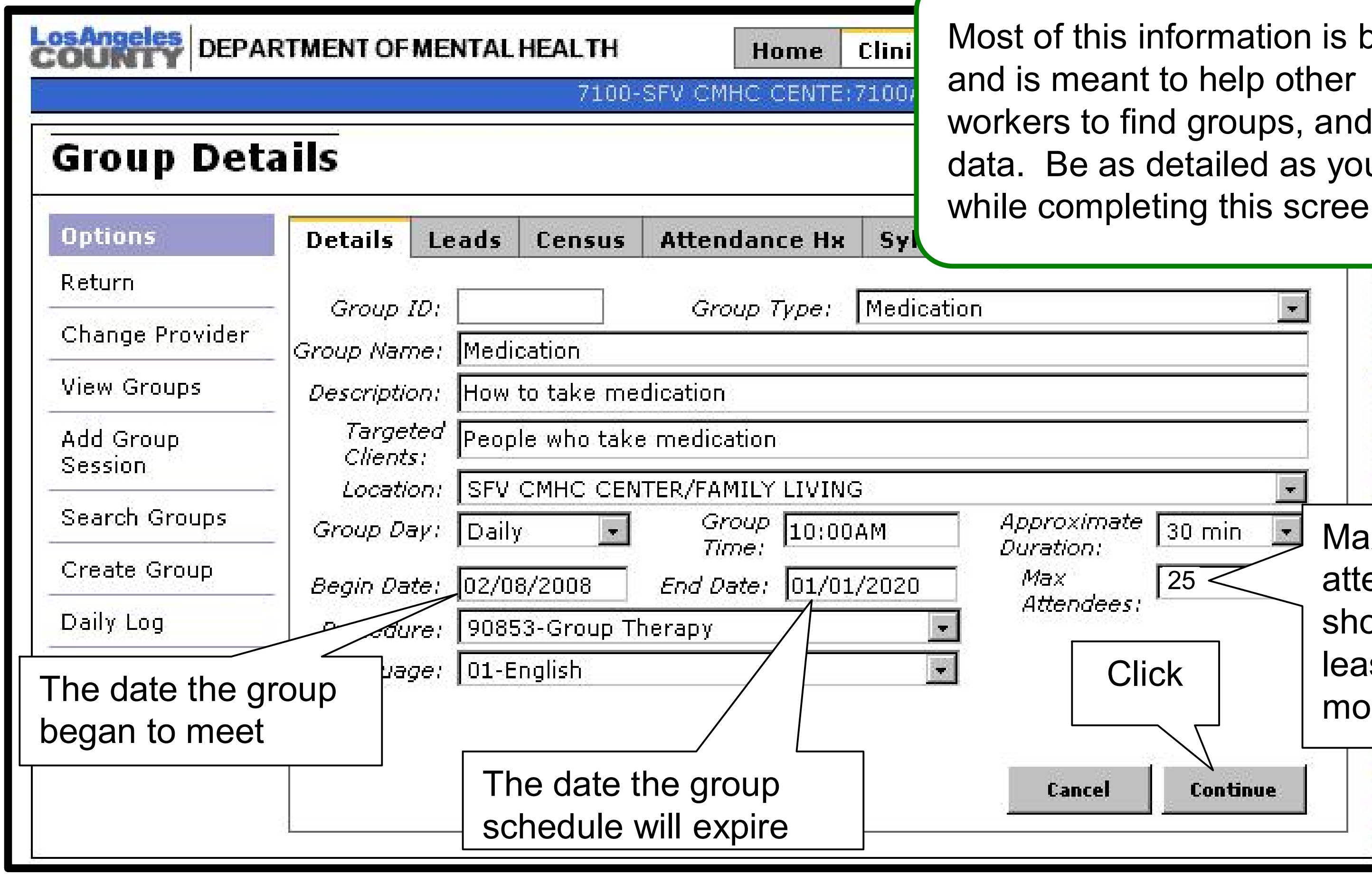
Create a Group



Create a Group



Create a Group: Details



Most of this information is basic, and is meant to help other workers to find groups, and enter data. Be as detailed as you can while completing this screen.

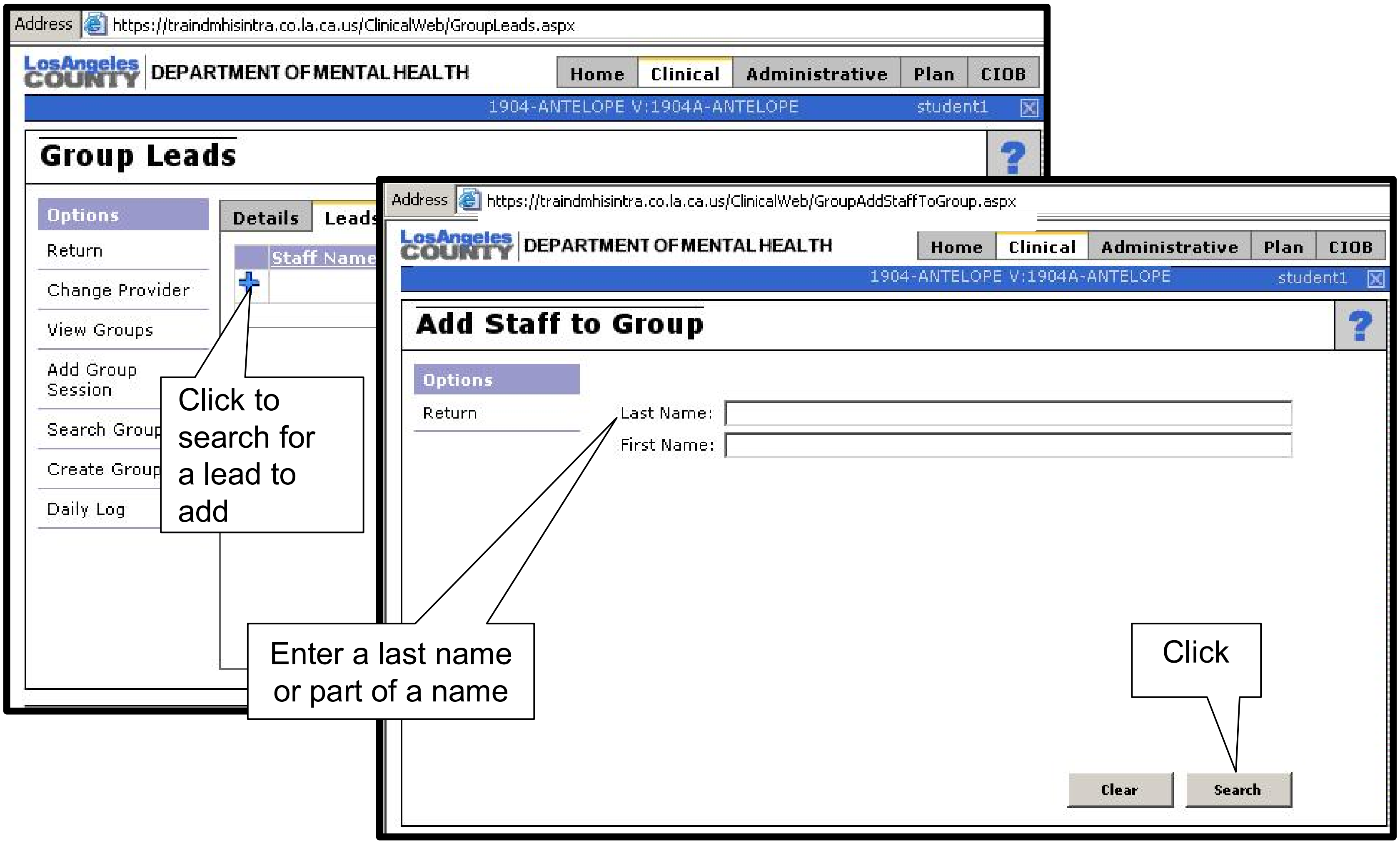
Maximum group attendees should be at least 2 and no more than 25

Click

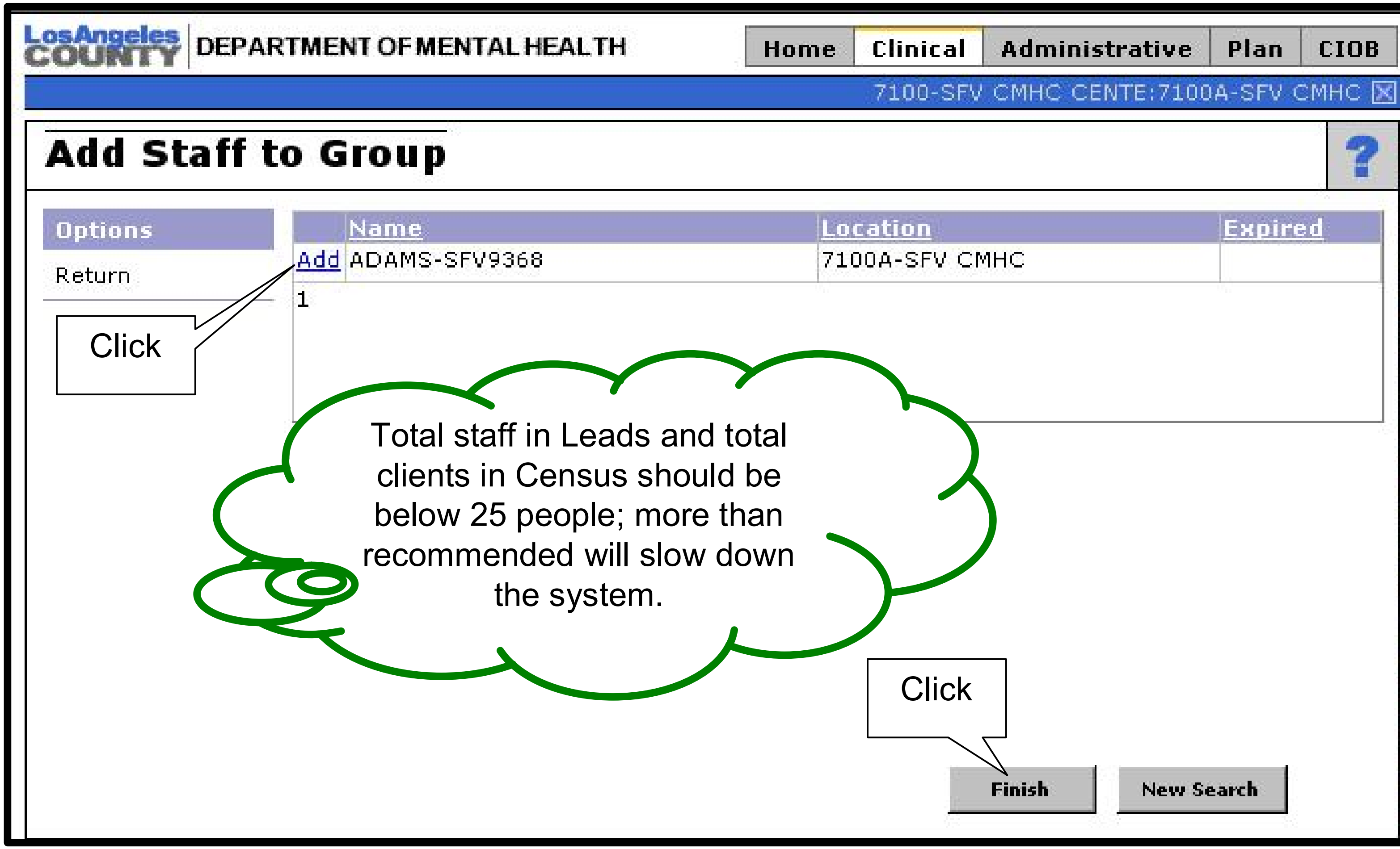
The date the group began to meet

The date the group schedule will expire

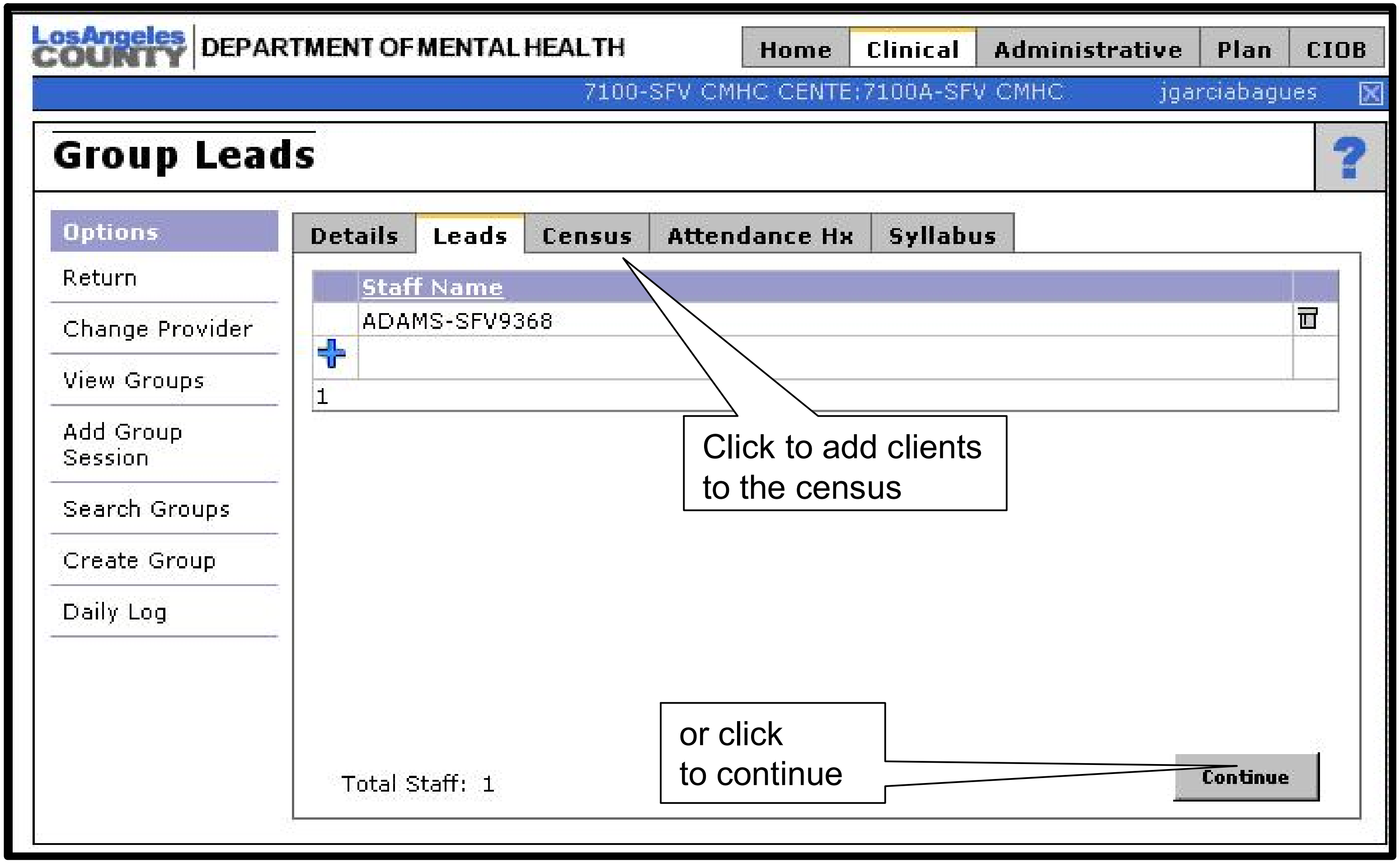
Create a Group: Leads



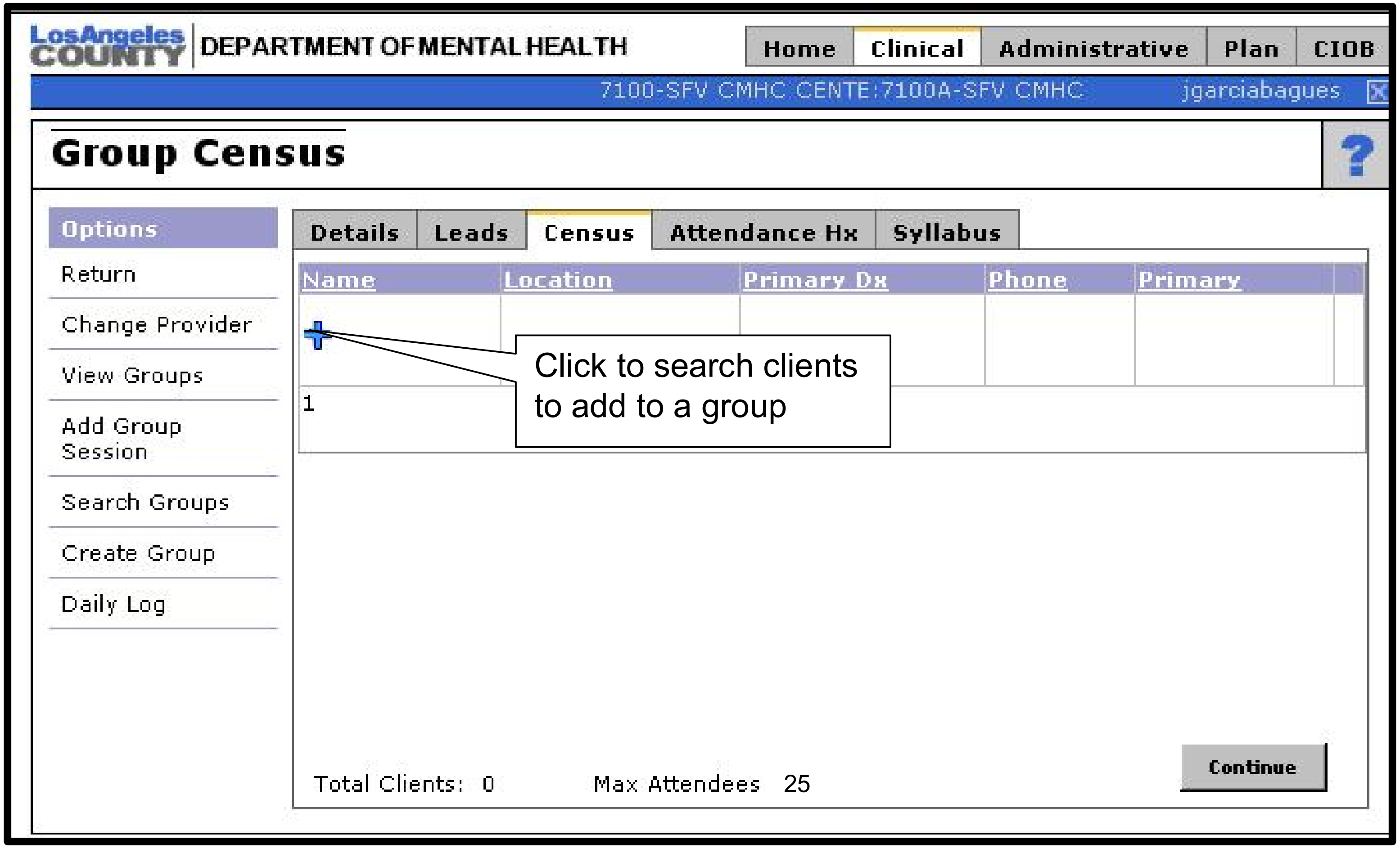
Create a Group: Leads



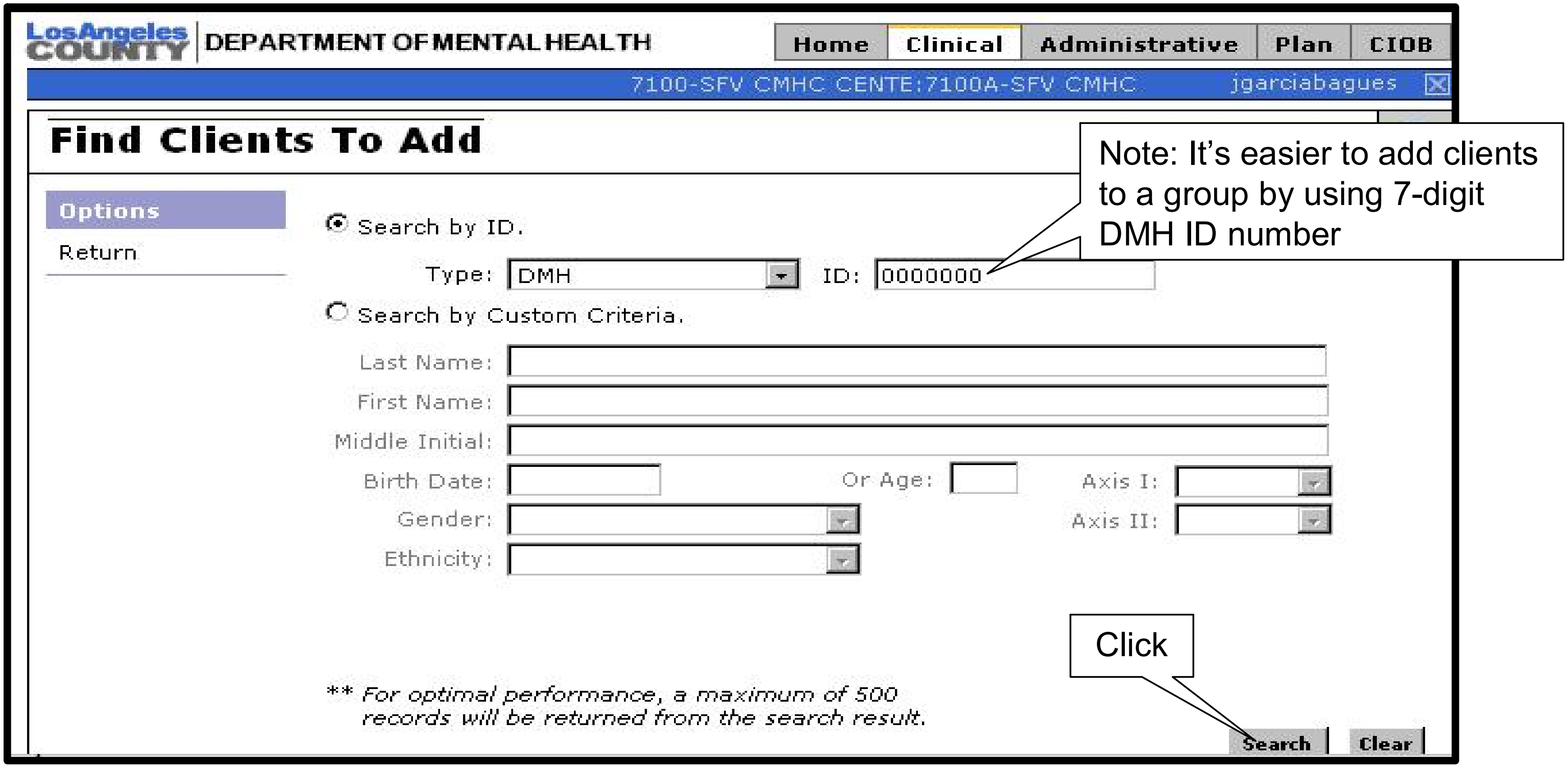
Create a Group: Census



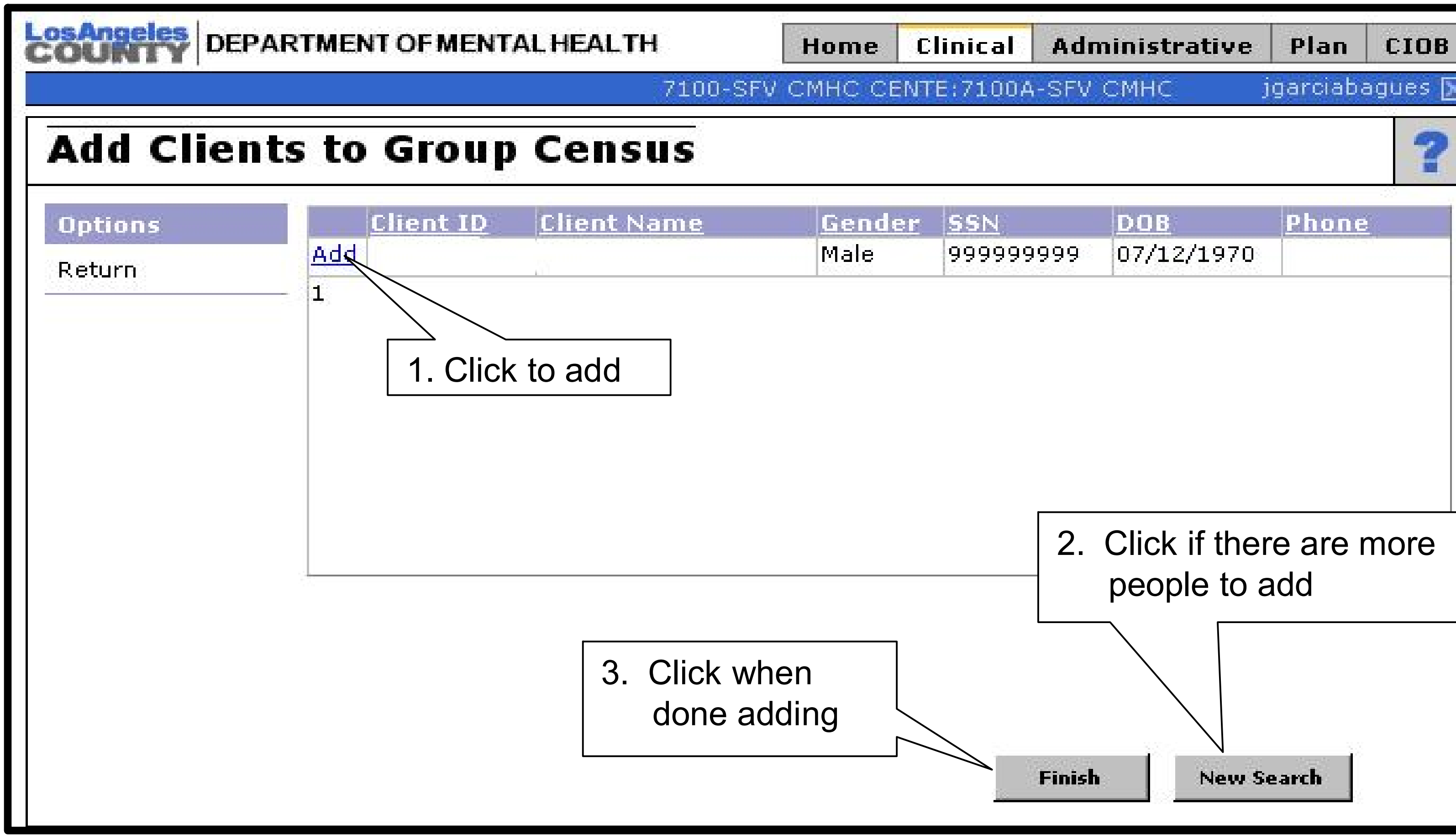
Create a Group: Census



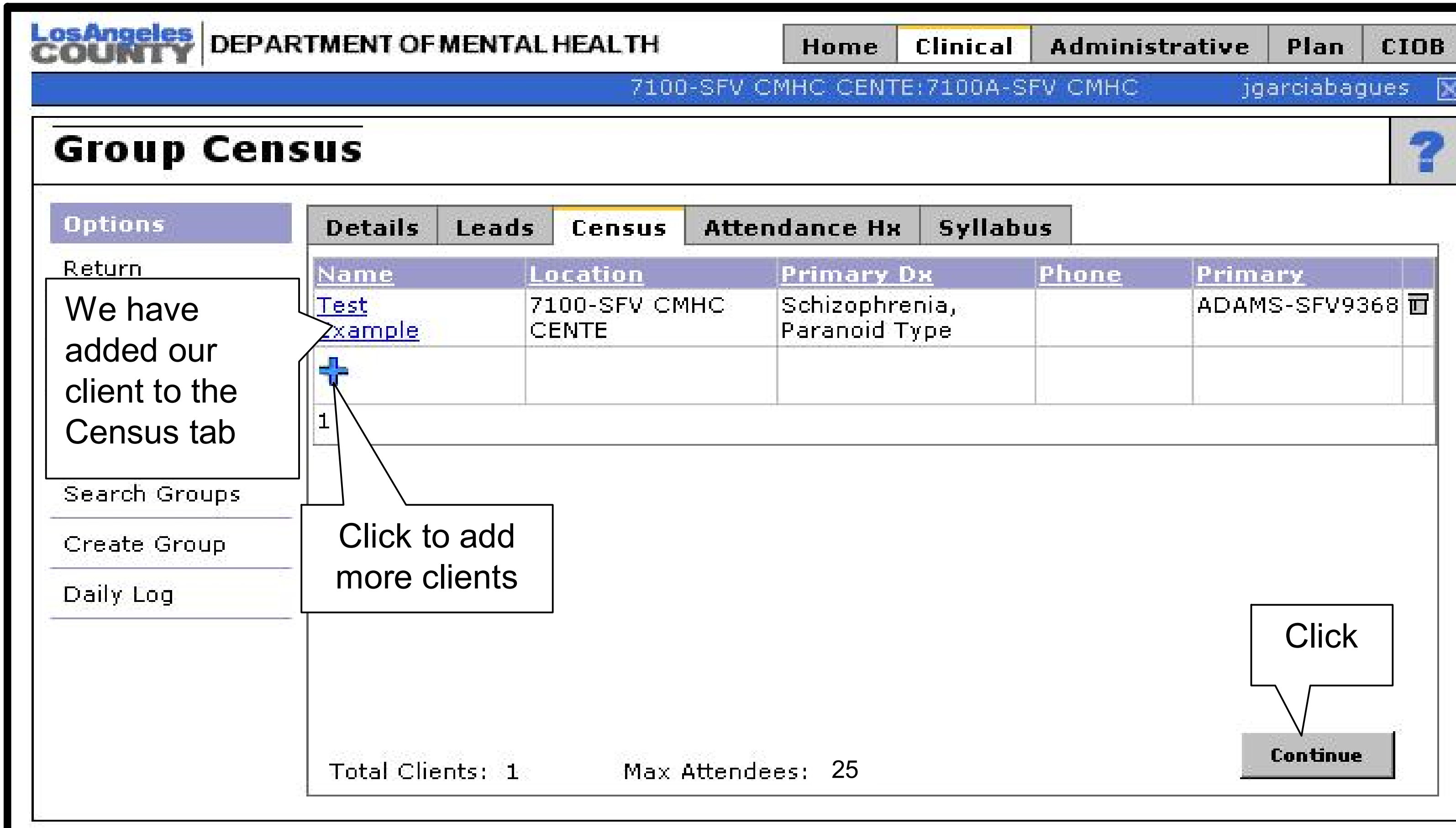
Create a Group: Census



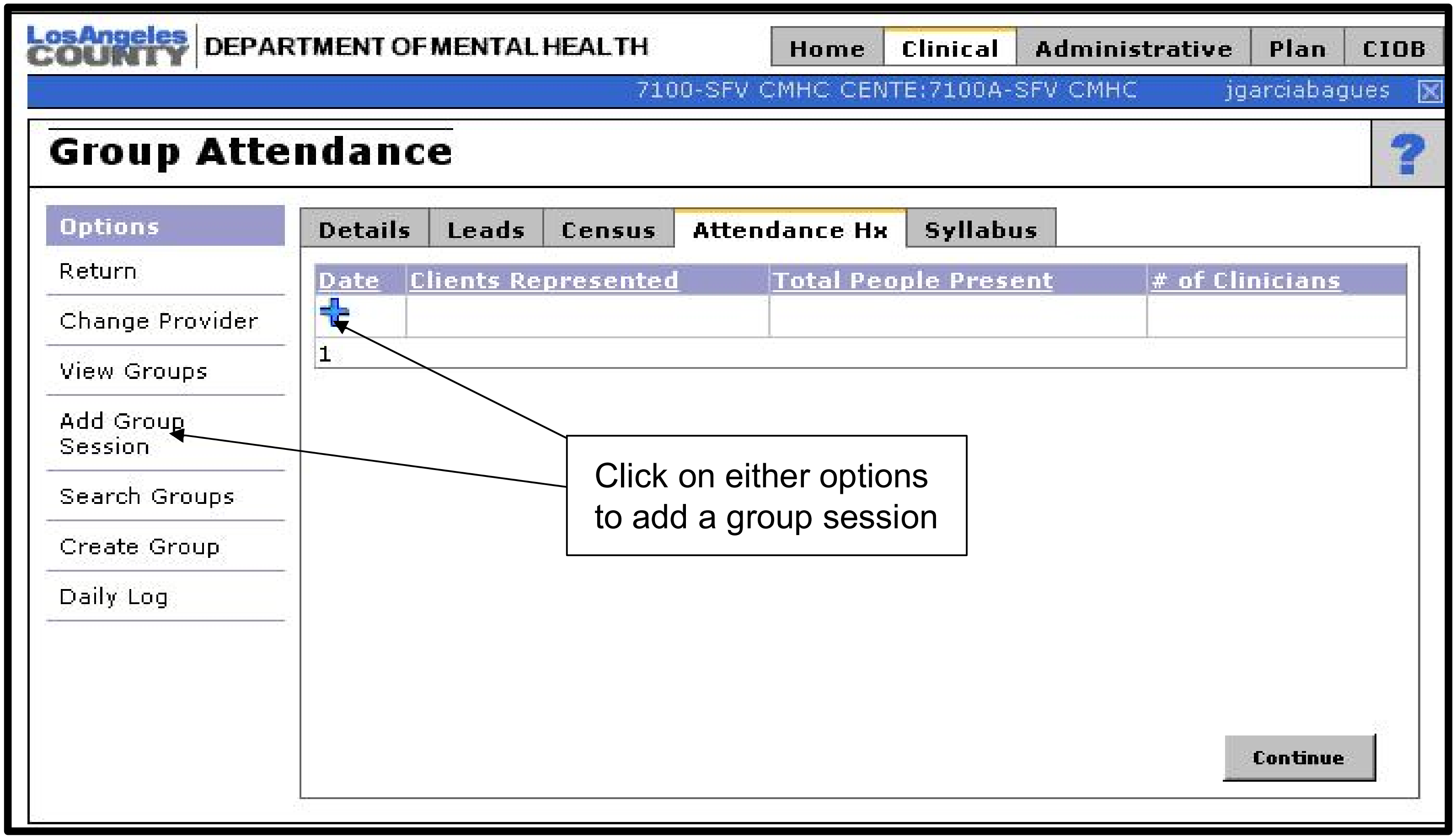
Create a Group: Census



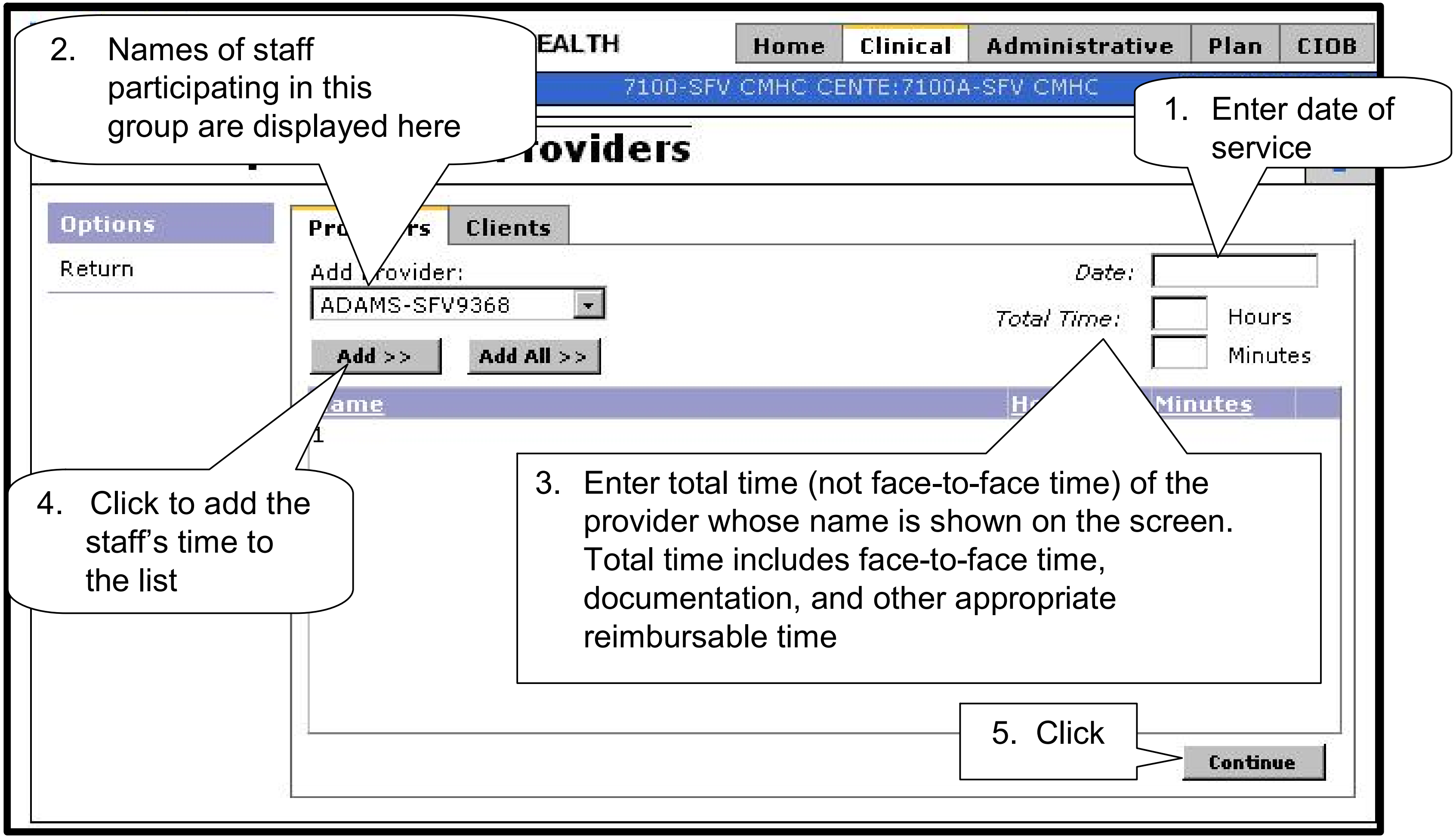
Create a Group: Census



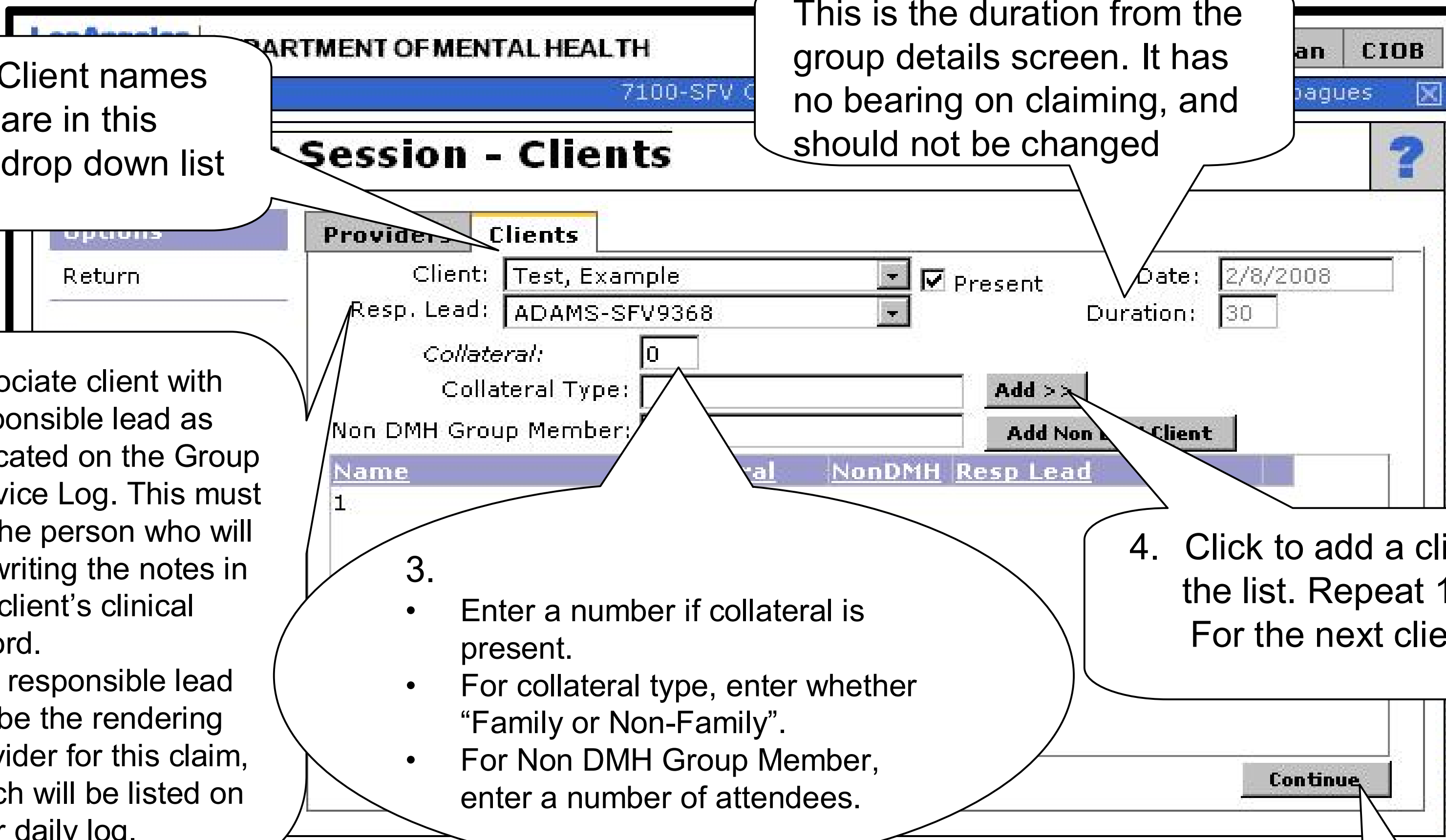
Add Group Session



Add Group Session: Providers



Add Group Session: Clients



1. Client names are in this drop down list

This is the duration from the group details screen. It has no bearing on claiming, and should not be changed

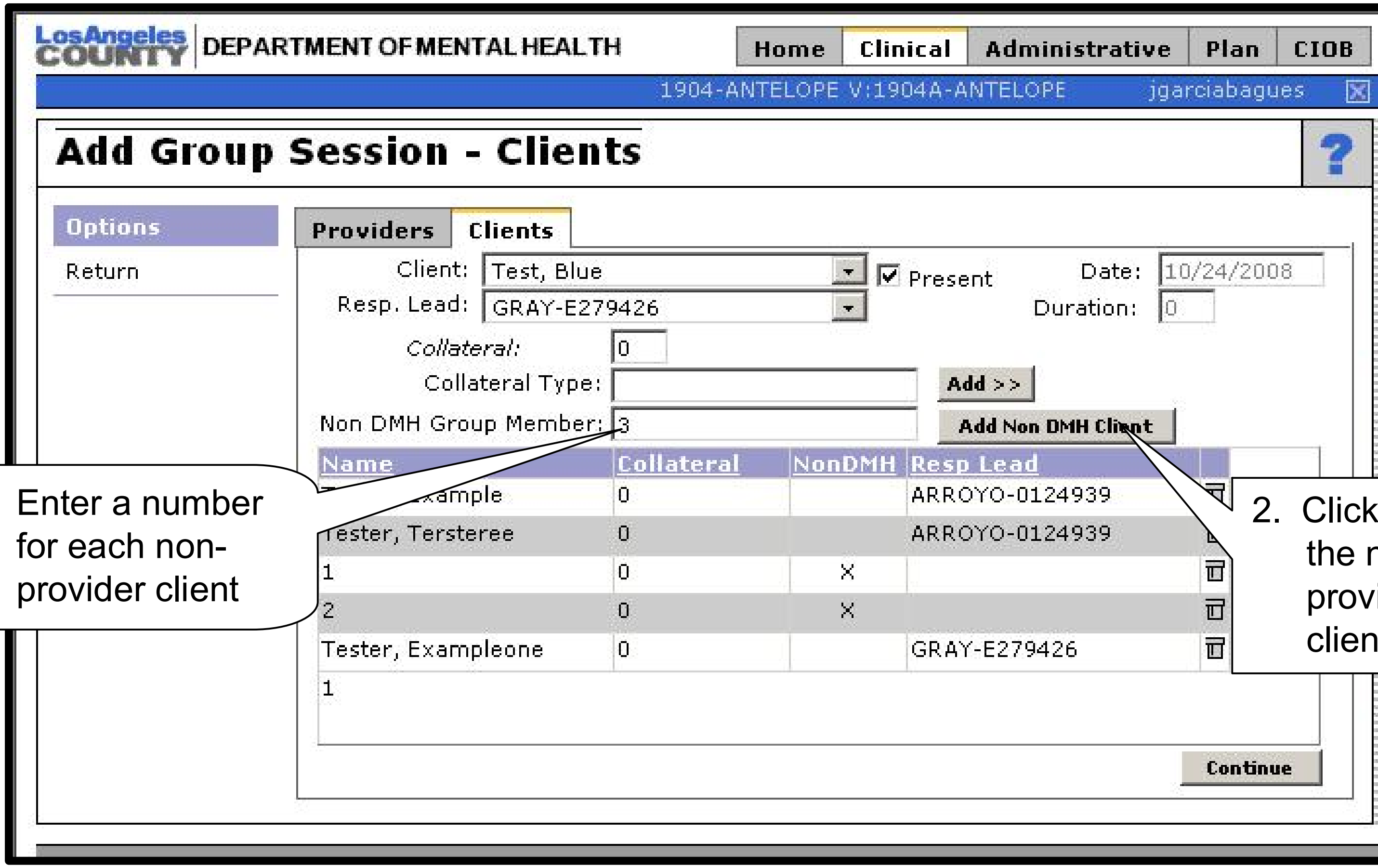
2. Associate client with responsible lead as indicated on the Group Service Log. This must be the person who will be writing the notes in the client's clinical record.
The responsible lead will be the rendering provider for this claim, which will be listed on their daily log.

3.
- Enter a number if collateral is present.
- For collateral type, enter whether "Family or Non-Family".
- For Non DMH Group Member, enter a number of attendees.

4. Click to add a client to the list. Repeat 1-4 For the next client

Click

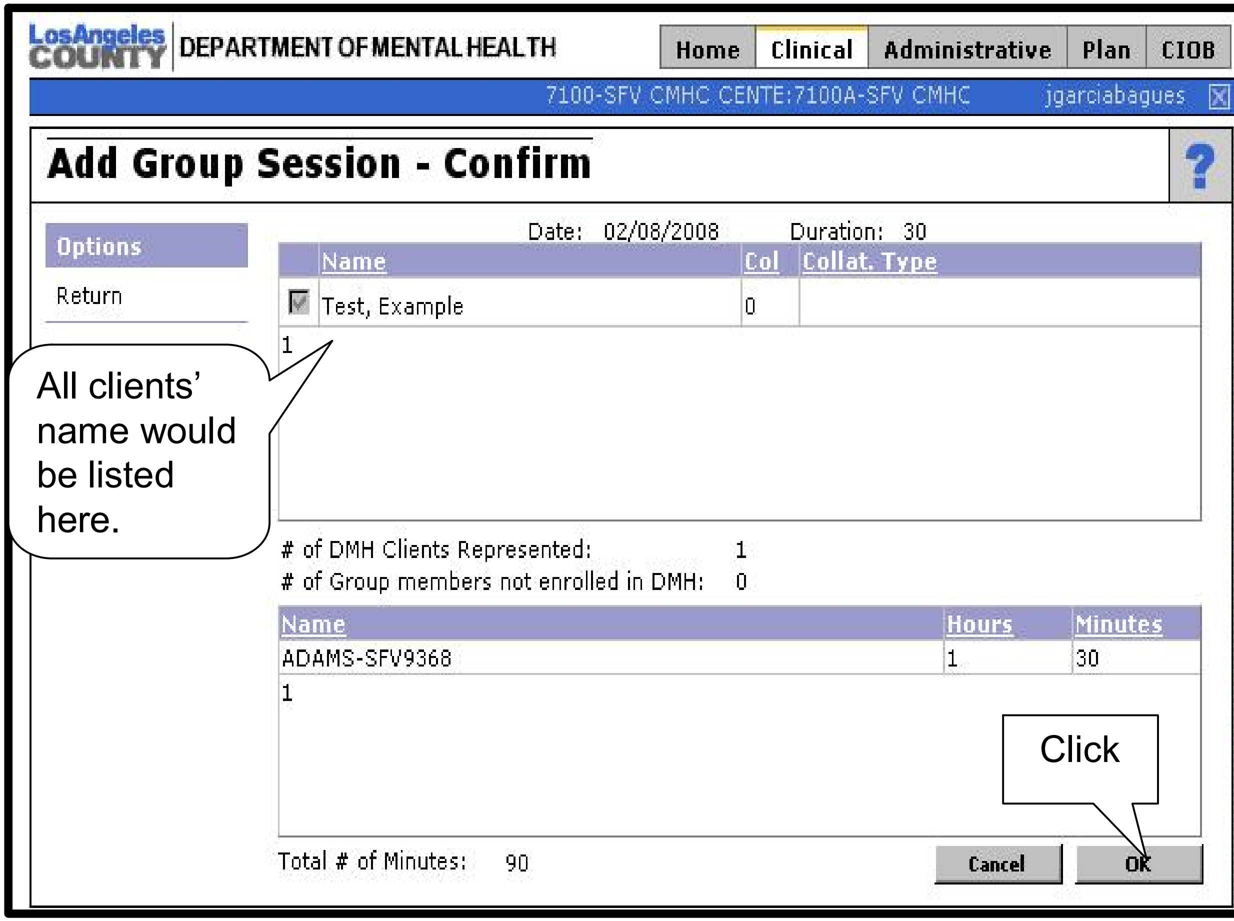
Add Group Session: Non DMH Clients



1. Enter a number for each non-provider client

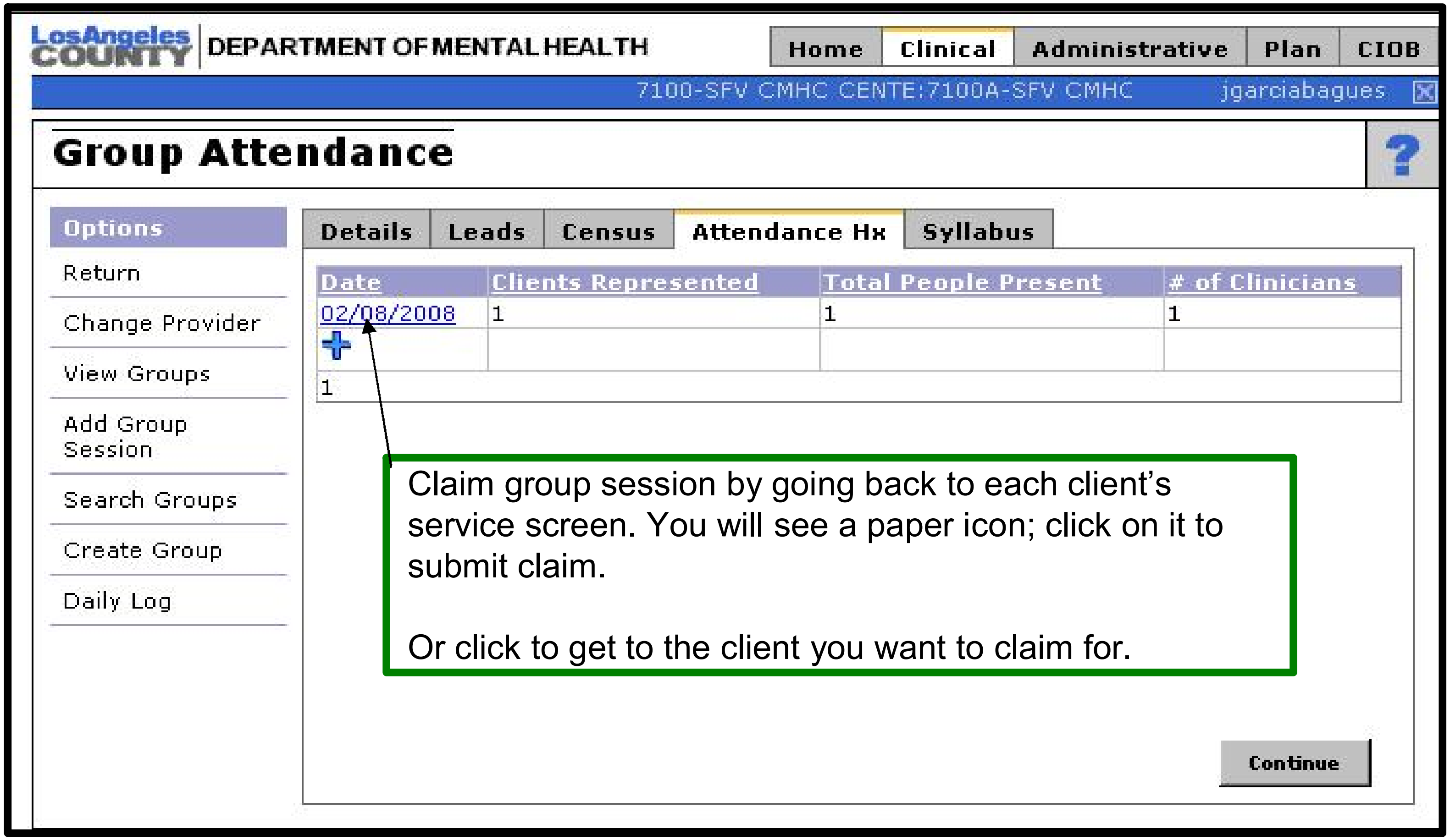
2. Click to add the non-provider client

Add Group Session: Confirm

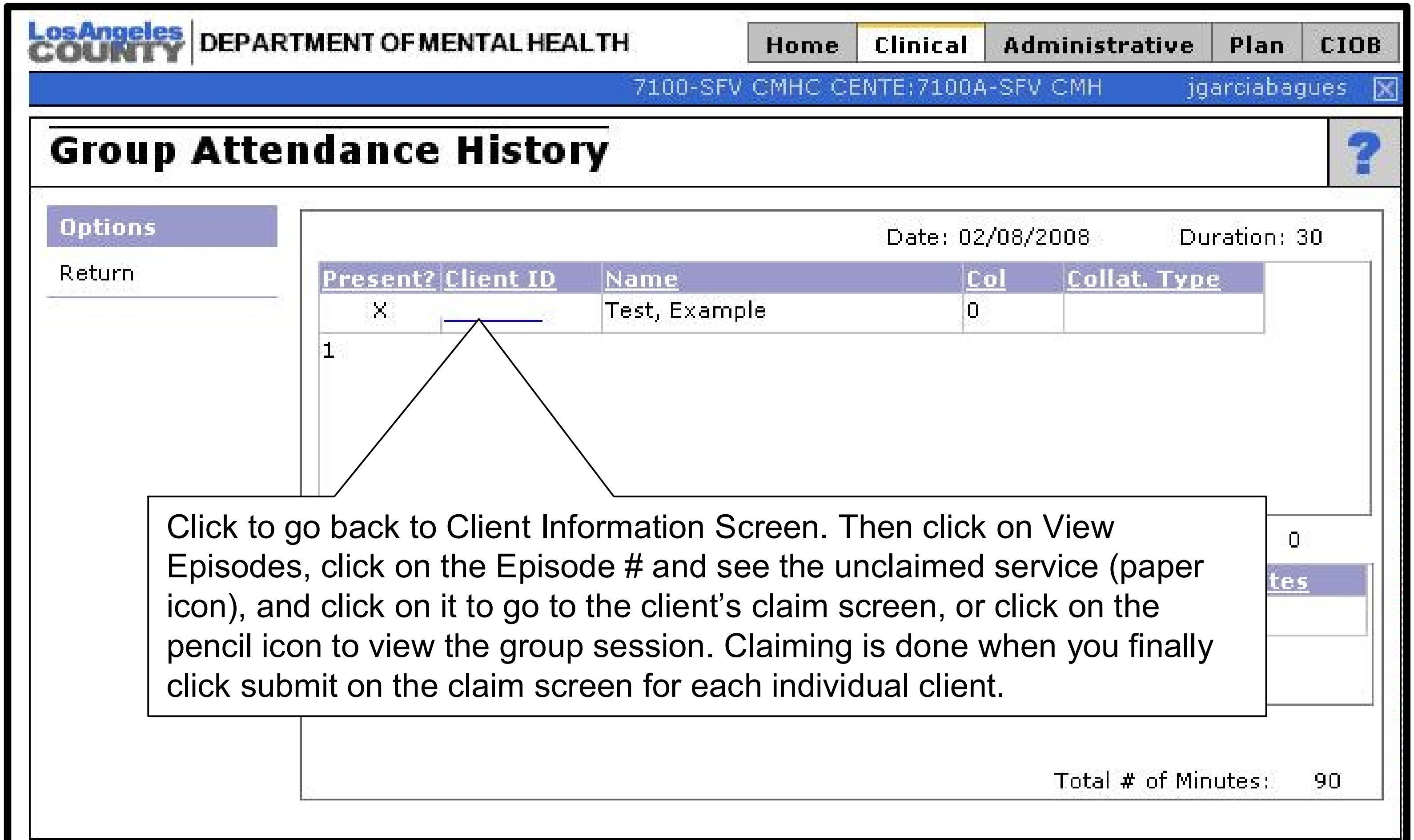


This screen summarizes who attended the session and for how long. Once you have confirmed the details, click OK to generate the service record for each client represented (in person, or by collateral). The service record will appear in each of the associated rendering provider's daily log.

Add Group Session: Billing

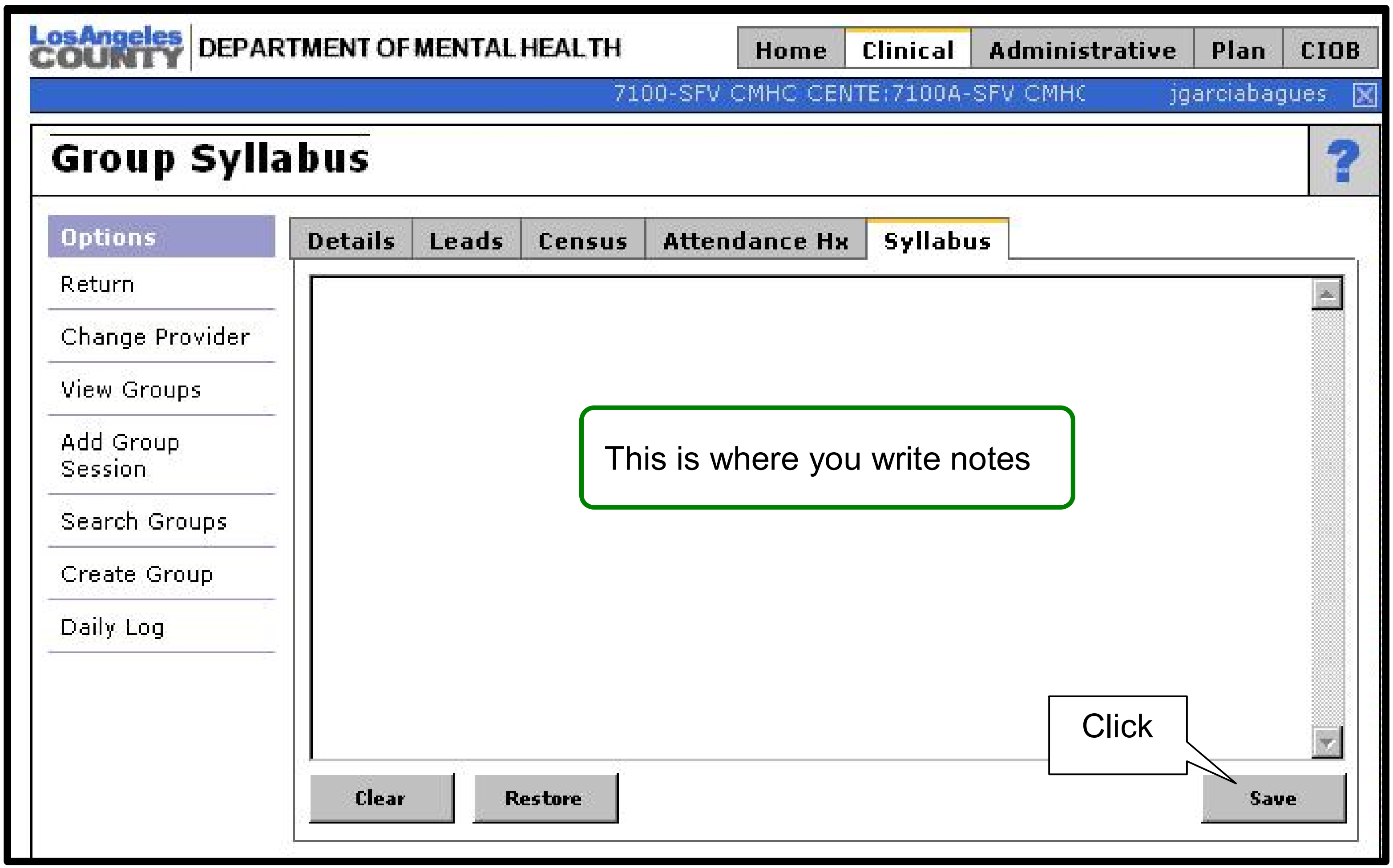


Add Group Session: Billing



Click to go back to Client Information Screen. Then click on View Episodes, click on the Episode # and see the unclaimed service (paper icon), and click on it to go to the client's claim screen, or click on the pencil icon to view the group session. Claiming is done when you finally click submit on the claim screen for each individual client.

Group Syllabus

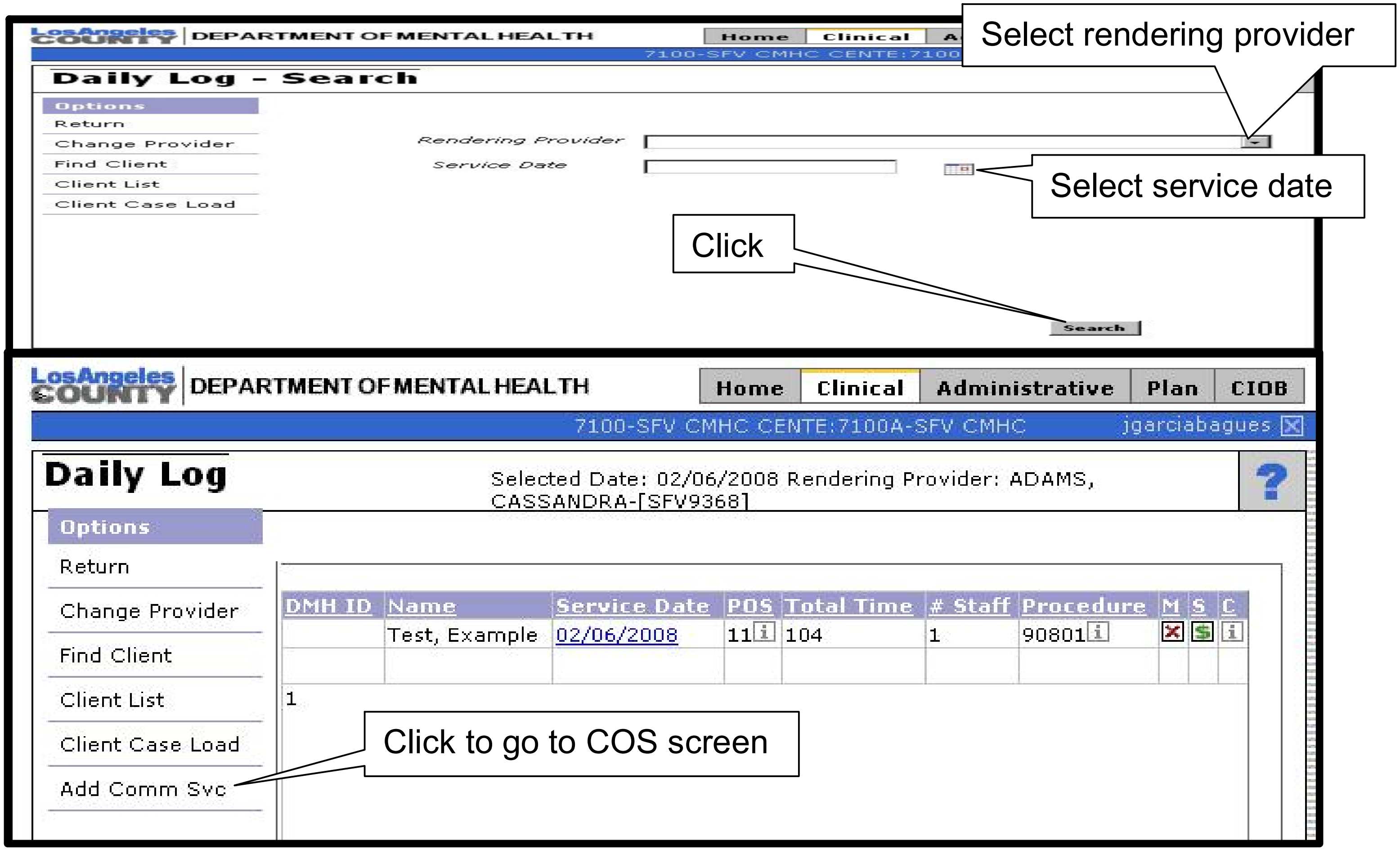


EXERCISE 17

Community Outreach Services (COS):

- Use the Daily Log
- Add a Community Service
- How to Edit Community Service

Using the Daily Log



Community Outreach Services (COS)

- Entering COS is fairly simple because there is no billing involved; it's just recording an event. Billing is done by sending an invoice to the DMH Financial Services Bureau. Run the IS 220 to see your COS on a report.

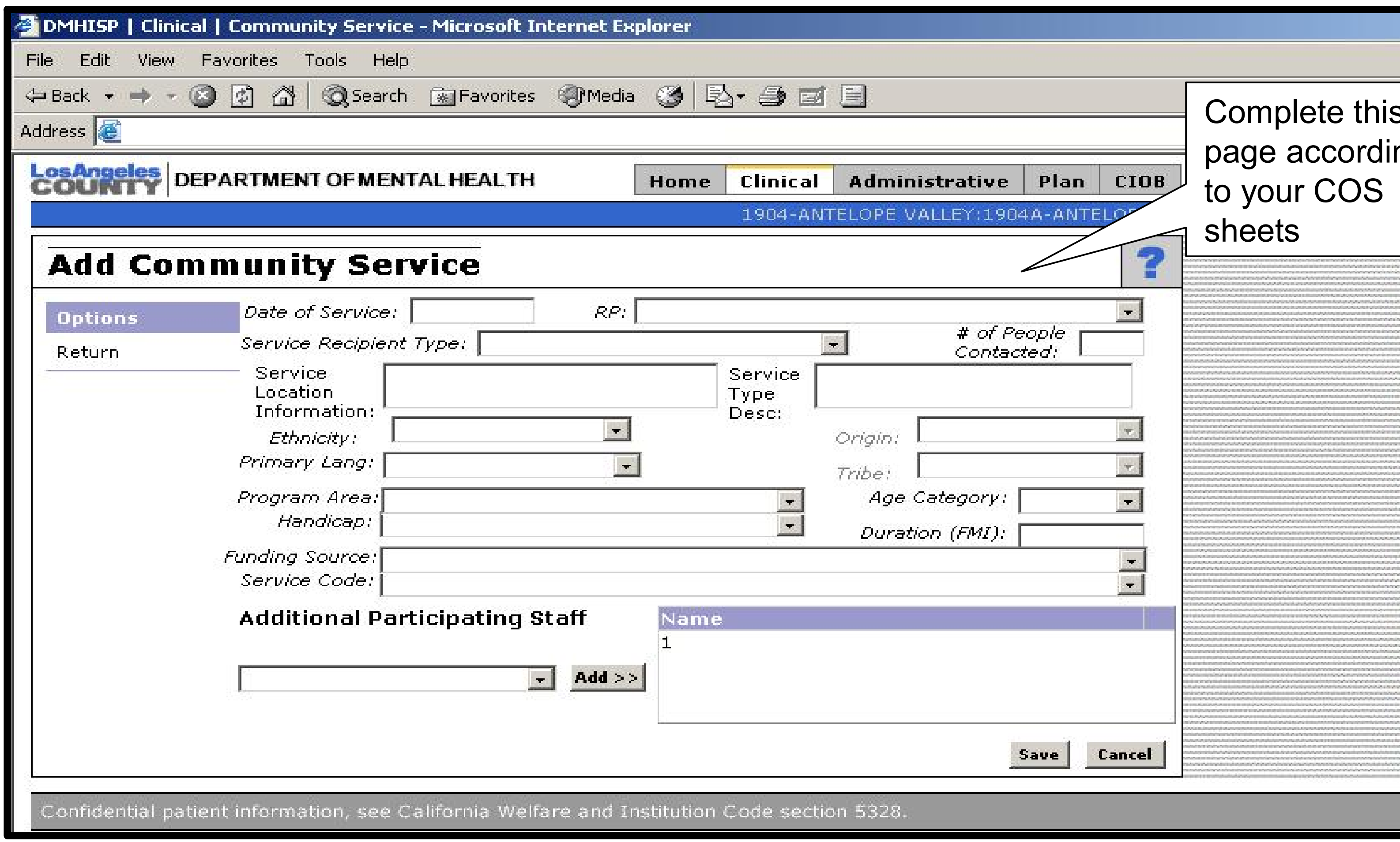
- On the Find Client screen you will see the Daily Log link under the Options menu.

- In Order to enter COS you need to click on the Daily Log link; this will take you to the Daily Log Search screen where you will select the rendering provider responsible for the COS. You then need to enter the service date and click on Search.

- On the Daily Log screen, click on Add Comm. Svs. under Options.

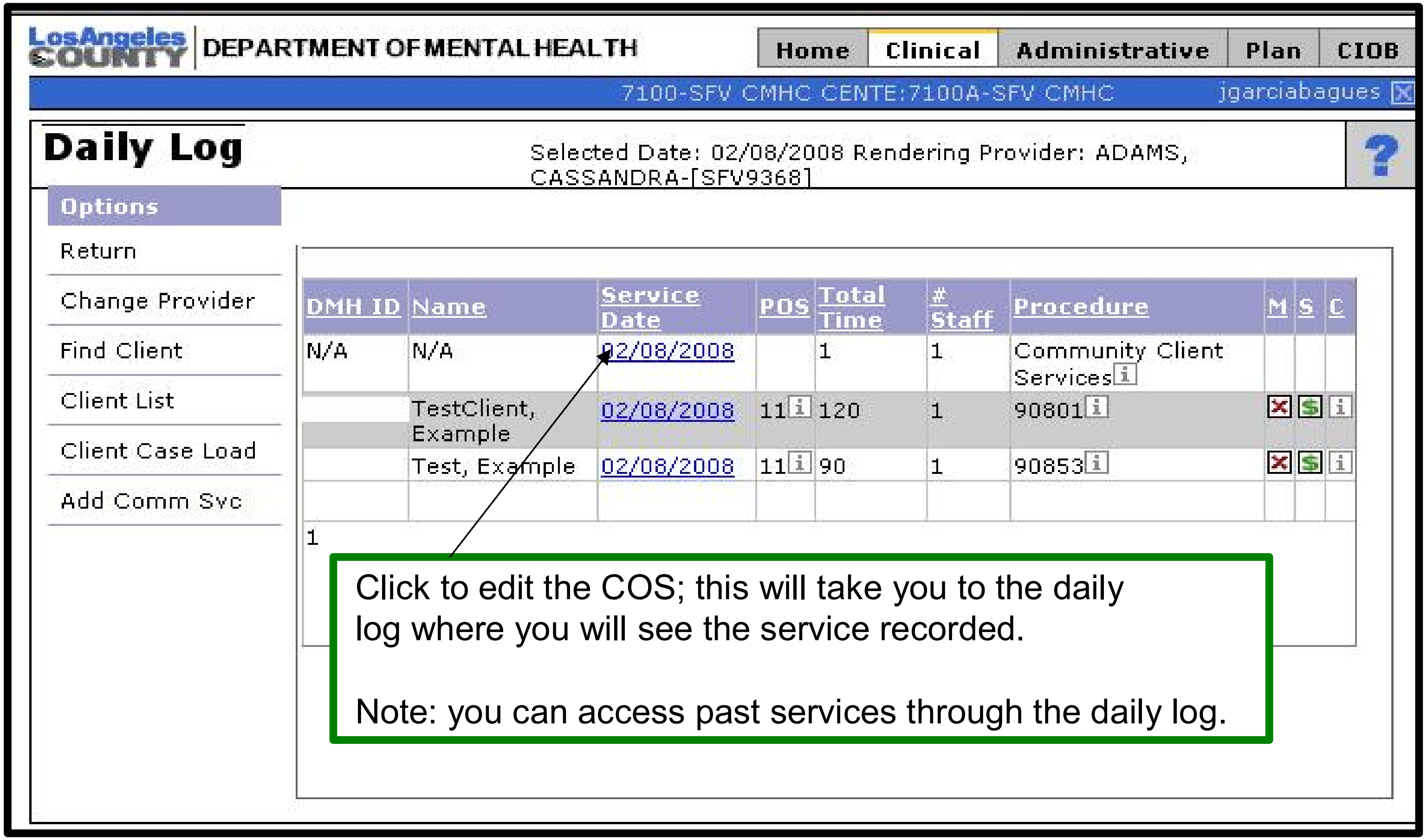
- The Add Community Service screen will be displayed. Start entering COS.

Community Outreach Services



Complete this page according to your COS sheets

Community Outreach Services



Click to edit the COS; this will take you to the daily log where you will see the service recorded.

Note: you can access past services through the daily log.

Edit Community Service